

# Cultural Competency Program



- **Contract Year 2018 Arizona Cultural Competency Program Evaluation**
- **Contract Year 2019 Arizona Cultural Competency Program Plan**

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## PREFACE

Health equity is “when everyone has the opportunity to ‘attain their full health potential’ and no one is ‘disadvantaged from achieving this potential because of their social position or other socially determined circumstance’.” Health equity has also been defined as “the absence of systematic disparities in health between and within social groups that have different levels of underlying social advantages or disadvantages—that is, different positions in a social hierarchy.” It is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services, Office of Minority Health, 2011). Currently, individuals across the United States are unable to attain their highest level of health for several reasons including; the existence of historical and current discrimination and social injustice and the lack of culturally and linguistically appropriate services that are responsive to diverse populations.

In 1985, then Secretary of Health and Human Services released a historic document called the Heckler Report that would initiate a national agenda and focus to improve the health of racial ethnic minorities in the US. The Heckler Report identified that people of color suffered disproportionately higher rates of preventable death and disease than their White counterparts. As a result, the nation turned its attention to the issue and began a long and arduous journey to eliminate health disparities and to achieve health equity.

In the US, minorities experience shorter life spans, decreased years of quality life, greater morbidity and mortality rates, and suffer unequal treatment in healthcare. The Heckler Report initiated the first federal response to address the disparities. The federal government established the Office of Minority Health (OMH) within the Department of Health and Human Services with the goal to establish state offices of minority health throughout the country. Later in 2001, OMH established the Culturally and Linguistically Appropriate Services (CLAS) standards to improve cultural and linguistic appropriate healthcare services and to eliminate health disparities.

Over the past 30 years, the Heckler Report has influenced advances toward health equity through new techniques in data collection; dedicated institutes, centers, offices, and commissions of minority health across the country; innovative community-level interventions; and transformative policies and legislation. However, health disparities still persist. Diverse populations continue to be less likely to get the preventive care needed to stay healthy, less likely to receive quality care, and more likely to face poorer health outcomes.

The Institute of Medicine (IOM) report “Unequal Treatment” (2001) spurred national debate and validated minority health advocates claims that minorities experience differential treatment when they access health services. The IOM report identified that when all factors are the same between minorities and non-minorities such as age, gender, social economic status, insurance, disease group, and stage of illness, they are assessed and treated differently. Most often, they experience less aggressive treatment or are not treated at all. This trend continues today.

Healthy People, the Department of Health and Human Services public health blueprint, reinforces the federal policy initiative to eliminate health disparities not only for racial/ethnic minorities but also inclusive of people with disabilities, rural Americans, and the poor. The policy agenda has the support of Commonwealth Fund, the Agency for Healthcare Research and Quality (AHRQ), Office of Minority Health, Center for Healthcare Strategies and the Center for Medicare and Medicaid Services (CMS) as well as many others. Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Central to these initiatives are four overarching goals:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Addressing social determinants of health - conditions in which people live, learn, work, and play - must be included in efforts to achieve health equity. <https://www.cdc.gov/nchhstp/socialdeterminants/faq.html#a>. Social determinants of health such as poverty, unequal access to health care, lack of education, unemployment, unhealthy housing, unsafe neighborhoods, stigma, and racism are underlying, contributing factors of health inequities. The table below includes additional social determinant areas to consider:

**Social Determinants of Health**

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Another key component that expands access to health care and coverage, and strives to eliminate barriers and reduce health disparities is Section 1557 of the Patient Protection and Affordable Care Act. It is the nondiscrimination provision of the Affordable Care Act (ACA) and prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

## CULTURAL COMPETENCY PROGRAM INTRODUCTION



Arizona Complete Health (AzCH) was formed through the integration of Cenpatco Integrated Care (CIC), HealthNet Access (HNA), Ambetter from HealthNet and Allwell from HealthNet serving the Medicaid, Medicare and Federally Funded Marketplace products. CIC and HNA completed Medicaid business operations under those names on 9/30/18. As of 10/01/18, AzCH integrated the Medicaid Complete Care Plan and Regional Behavioral Health Authority (RBHA). On 1/01/19, Ambetter from HealthNet and Allwell from HealthNet will change their names to reflect Ambetter from Arizona Complete Health and Allwell from Arizona

Complete Health.

AzCH and its parent company Centene Corporation© support the national laws and policies to eliminate health disparities. AzCH and Centene Corporation actively addresses health disparities through its partnerships with the Center for Health Care Strategies, CMS and through the Centene Foundation for Quality Healthcare. The Foundation specifically addresses health literacy, cultural competence, access to care and collaborative processes that include all key stakeholders. It supports programs designed to improve the quality, access, effectiveness, and value of healthcare for low-income families and individuals.

AzCH has developed a Cultural Competency Program (CCP) to “support the creation of a culturally competent health system of care that embraces and supports individual differences to achieve the best possible outcomes for individuals receiving services.” Culturally competent health care incorporates cultural considerations that include, but are not limited to the following:

Race	Age	Gender Identity
Ethnicity	Geographic Location	Sexual Orientation
Primary Language	English Proficiency	Family Roles
Physical Abilities/Limitations	Spiritual Beliefs and Practices	Economic Status
Literacy	Community Networks	Diverse Populations

AzCH is committed to providing members with health care information in a culturally competent manner via the Member Handbooks and direct member contact via plan staff (including Medical Management and when applicable, Care Management) that includes:

- Member rights and protections;
- Information on what is considered to be a health problem;
- How symptoms and concerns about the problem are expressed;
- Who should provide treatment for the problem; and
- What type of treatment should be given

AzCH evaluates the Cultural Competency Program on at least an annual basis in accordance with State and Federal requirements. This report includes details of the contract year 2018 evaluation of the CIC and HNA Medicaid Cultural Competency Program, as well as the contract year 2019 cultural competency plan for all AzCH products. The contract year 2019 (CY2019) Cultural Competency Plan serves as the blue print to assist AzCH in our efforts to continue to improve health outcomes. This strategic plan further demonstrates our commitment to eliminating health disparities, and includes the initiatives and activities that are being undertaken to meet the needs of our members and enhance partnerships with providers and stakeholders in our communities.

Health care services provided by Arizona Complete Health (referenced as “the Plan”) are tailored to meet the needs of the populations in the areas served by the Plan. The successful and strategic Cultural Competency Plan from 2018 as well as the new 2019 Plan draw upon the standards and assessment guidelines outlined in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (<https://www.thinkculturalhealth.hhs.gov/index.asp>), Healthy People 2020, the Department of Health and Human Services and others. The Plan understands that in order to promote excellent, quality health care, staff and providers must be appropriately and adequately trained to meet the needs of members in a manner that is sensitive to their specific culture. The Plan’s Cultural Competency Program development, administration, and oversight are supported by organizational infrastructure.

AzCH understands the cultural needs and linguistic and disability-related access requirements of its members and is committed to ensuring that staff and subcontractors maintain an awareness of, and sensitivity to the linguistic, disability-related needs, and cultural differences of its members. Staff and subcontractors receive training on cultural competency initially as a new hire or new contract, and annually thereafter. They also have access to the Member Handbook and Provider Manual via the Plan website.

Staff need to meet the cultural needs of the populations served. Oversight and monitoring of the Cultural Competency Plan is conducted by the Arizona Cultural Diversity Specialist, who is supervised by the Arizona Director of Compliance. The Plan maintains a commitment to hiring and maintaining diverse staff and securing a diverse provider network. The Cultural Competency Plan is shared with staff, and ongoing updates are provided to the Quality Management Process Improvement Board. In addition, the annual plan is shared on the AzCH website for stakeholders, providers, members, and the community to view.

The plan network includes a myriad of providers of all specialties who maintain bilingual language capabilities to facilitate and ensure effective communication with members. Upon contracting, network providers and vendors are informed of the importance of providing services in a culturally competent manner. The Network, Provider Relations and Quality Management Departments ensure the provider network is culturally competent in the provision of health care to its patients through ongoing training and on-site visits. Training to network providers and vendors includes compliance with Title III and VI of the Civil Rights Act of 1964 and other anti-discrimination laws, including the Americans with Disabilities Act. The Plan monitors the network through various mechanisms to ensure it is accessible from both a linguistic and disability standpoint including, but not limited to: tracking languages spoken by providers, auditing medical record information, and tracking/trending grievance and appeal complaints related to cultural competency.

The provision of language assistance is available through telephone interpreters (“the language line”) via contracted vendors Voiance and Language Services Associates. The interpretation is available 24 hours, seven days a week, and is available to both members and providers. Face to Face interpretation is available upon request. The Plan makes written translation available through a qualified translation vendor, accessed through the Member Services Department. The Plan also offers auxiliary aids through AZ Sign Language for members who are Deaf or Hard of Hearing. Members have access to vital materials translated in other languages and formats.

Members are notified of the availability and accessibility of translation and interpretation in a variety of ways, which include the Member Handbook, Member Newsletters, Plan website, Care Managers or other applicable staff. In addition, nondiscrimination notices and language assistance taglines are posted in AzCH office lobbies, on the Plan website, and included in significant communications to members.

The Cultural Competency Program involves the entire organization and provider network in efforts to address member needs as effectively and efficiently as possible. The Plan recognizes that family members and other representatives are a primary source of support for the members' health care and decision making process. Their involvement is appreciated and recognized. The Plan recognizes that these support systems are key to the healthcare decision making process. As such, family members and representatives are included in assessments and consultations when requested. When the need for additional resources is identified, the Plan assists in connecting members to services within their community. The Plan is able to share information regarding the availability of service systems and personnel to support the family's role as decision makers.

During the initial member assessment, Plan staff document any specific or unique characteristics or needs identified within the support unit. When no family support system exists, other support systems are identified, including neighbors and faith-based organizations. In addition to hiring linguistically and culturally competent staff, the Plan utilizes Member Advisory Committees to obtain direct input from members and the community at large, regarding available services. The Plan provides members with access to culturally and linguistically appropriate community health and social service resources.

The Plan utilizes the following relevant materials in conveying information regarding cultural competency, linguistic, and disability-related access to members and providers. Communication mechanisms include:

Member Handbooks	Member Newsletters	Member Advisory Councils
Provider Manuals	Ad-Hoc/Special Mailings	Websites

As part of the Plan's commitment to providing language assistance and culturally competent care for all members there is a robust monitoring system including member surveys and reviews of the latest member data (e.g. grievance and appeal data, quality of care complaints, etc.). The Plan solicits member and community feedback to improve and aid in ensuring that member's needs are being met appropriately.

### **Cultural Competency Program Leads**

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**U.S. CENSUS REPORT INFORMATION (estimated for 2017)**

<https://www.census.gov/quickfacts/fact/table/az/RHI225217#viewtop>

	2017 Estimates- Arizona	2017 Estimates- US
<b>White (not Hispanic)</b>	<b>83.1%</b>	<b>76.6%</b>
<b>Black or African American</b>	<b>5.0%</b>	<b>13.4%</b>
<b>American Indian/Alaska Native</b>	<b>5.3%</b>	<b>1.3%</b>
<b>Asian</b>	<b>3.5%</b>	<b>5.8%</b>
<b>Hispanic or Latino</b>	<b>31.4%</b>	<b>18.1%</b>
<b>Two or More Races</b>	<b>2.8%</b>	<b>2.7%</b>

**U.S. ESTIMATED CENSUS DATA BY ARIZONA COUNTY (Estimated for 2017 - Contract Service Areas)**

	Arizona	Maricopa	Pima	Pinal	Gila	Cochise	Graham	Greenlee
<b>White (not Hispanic)</b>	<b>83.1%</b>	<b>83.4%</b>	<b>85.1%</b>	<b>82.9%</b>	<b>79.0%</b>	<b>87.9%</b>	<b>81.1%</b>	<b>90.6%</b>
<b>Black or African American</b>	<b>5.0%</b>	<b>6.1%</b>	<b>4.1%</b>	<b>5.1%</b>	<b>0.8%</b>	<b>4.6%</b>	<b>1.8%</b>	<b>2.1%</b>
<b>American Indian/Alaska Native</b>	<b>5.3%</b>	<b>2.8%</b>	<b>4.3%</b>	<b>6.7%</b>	<b>17.6%</b>	<b>1.8%</b>	<b>13.8%</b>	<b>3.8%</b>
<b>Asian</b>	<b>3.5%</b>	<b>4.4%</b>	<b>3.3%</b>	<b>1.9%</b>	<b>0.8%</b>	<b>2.2%</b>	<b>0.7%</b>	<b>1.0%</b>
<b>Hispanic or Latino</b>	<b>31.4%</b>	<b>31.1%</b>	<b>37.3%</b>	<b>30.1%</b>	<b>18.7%</b>	<b>35.6%</b>	<b>32.1%</b>	<b>46.8%</b>
<b>Two or More Races</b>	<b>2.8%</b>	<b>2.9%</b>	<b>2.9%</b>	<b>2.9%</b>	<b>1.7%</b>	<b>3.2%</b>	<b>32.8%</b>	<b>2.4%</b>

The U.S. Census information represents the increased diversity in Arizona’s population. The Plans utilizes this information in the development of a rich culturally competent program plan.

# ENROLLMENT AND LANGUAGE INFORMATION

## Cultural Demographics Information (as of October 2018)

### Arizona Demographics

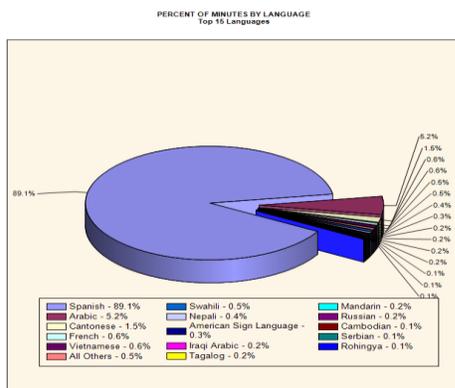
The Arizona Health Care Cost Containment System (AHCCCS) provided the member reported demographic information for Medicaid enrollments until 10/1/18. AzCH is exploring new ways to collect cultural demographics in CY2019. In CY2018, the plan developed an optional member survey to capture member demographic information that could be utilized to support the plan’s Cultural Competency Program. During CY2018, AHCCCS demographic data showed 35.9% of adult RBHA members identified as a woman, 30.1% a man, 3.1% declined to answer, .18% identified as transgender, .13% identified as gender variant, .09% as questioning, and .02% identified as intersex. Data regarding sexual orientation reflects 53.9% of adult RBHA members identified as heterosexual, 10.9% declined to answer, 1.8% identified as bisexual, 1.1% as gay, 1.0% as lesbian, .62% as asexual, and .2% as questioning. Data regarding military/veteran status of RBHA members reflects 3.78% unknown, 1.27% military family members, 1.10% veterans, .20% retired veterans, .16% disabled veterans, and .04% active military.

Data as of October 2018 shows a majority of AzCH members identified English as their language preference at 80.6%. Spanish is the second prevalent language at 17.4%.

### Language Utilization

Telephone interpretation provided by AzCH during CY2018 included the following top 15 languages:

IDENTIFIED LANGUAGE SPOKEN	PERCENT	IDENTIFIED LANGUAGE SPOKEN	PERCENT
ENGLISH	80.6%	HINDI	.01%
SPANISH	17.4%	POLISH	.01%
UNDETERMINED	1.5%	ASL	.0047%
VIETNAMESE	.21%	JAPANESE	.0014%
CHINESE	.10%	HUNGARIAN	.0014%
ARABIC	.08%	SERBIAN	.0014%
PERSIAN	.03%	GERMAN	.0014%
KOREAN	.03%	AEMENIAN	.0009%
SOMALI	.02%	PORTUGESE	.0005%
RUSSIAN	.01%	ITALIAN	.0005%
TAGALOG	.01%	ALBANIAN	.0005%
LOAO	.01%	AMHARIC	.0005%
FRENCH	.01%	NAVAJO	.0005%



The most prevalent language utilized for telephone interpretation is Spanish at 89.1%, followed by Arabic at 5.2%.

Face to Face interpretation utilized by AzCH during CY2018 included the following languages: American Sign Language (ASL), Tactile Sign Language, Spanish, Nepali, and Vietnamese. ASL was the majority of the face-to-face interpretation requests.

## CULTURAL COMPETENCY PROGRAM PRIORITIES

The AzCH Cultural Competency Strategy is based within the frameworks of ACOM 405, the federal CLAS standard guidelines, and the ACA 1557. Understanding cultural competence is a developmental process that evolves over an extended period and includes people at various levels of knowledge. The foundation of our program incorporates our priorities and all fifteen aspects of the CLAS standards. The program is designed to ensure that we deliver a culturally appropriate service that respects diversity and assures the delivery of culturally and linguistically appropriate care to the members and communities we serve.

Cultural Competency Program Priorities:

- 1) Ensure ongoing strategic plan development, implementation, monitoring, and evaluation of the Cultural Competency Plan.
- 2) Maintain diverse representation throughout all levels of the company. Staff, providers, and company leadership aim to mirror the demographics of the communities we serve.
- 3) Uphold the Affordable Care Act Section 1557 prohibition against race, color, national origin, sex, age or disability discrimination in health settings in order to prevent and address discriminatory conduct.
- 4) Seek opportunities to update member record software and intake forms to have more culturally inclusive demographics to incorporate into care and enhance data analysis.
- 5) Establish and continue participatory and collaborative partnerships with community organizations and agencies through formal and informal mechanisms.
- 6) Maintain contracts with vendors and provide language assistance services, including interpreters, translators, signers and TTY services free of charge to its members.
- 7) Provide the tools and resources necessary for the competence of language assistance delivered by staff, vendors, and providers.
- 8) Expand Provider and staff education regarding federal and state policies and laws, as well as including cultural needs of members into care.
- 9) Provide culturally appropriate and competent care and services to members, including those with limited English proficiency. Ensure that members of all cultural backgrounds, races, ethnicity, and religions receive effective, understanding, and respectful care that is centered on the individual and provided in a manner compatible with their cultural health beliefs, practices and preferred language.
- 10) Provide guidance, support, and technical assistance to contracted providers centered on further developing cultural competency, advancing health equity, improving quality, and helping eliminate health/healthcare disparities.
- 11) Ensure members have the ability to resolve conflicts and grievances through process and procedures that preserve individual worth and dignity and are sensitive, linguistically and culturally appropriate, and capable of identifying, preventing, and resolving cross-cultural conflicts and complaints.

## CONTRACT YEAR 2018 PROGRAM EVALUATION

The Plan has completed an analysis of the 2018 strategies and outcomes to identify areas of the program that will be the focus in 2019 including:

- Improving data collection for cultural demographics
- Continued review and education of ACA 1557 policies and procedures
- Expanding educational opportunities for providers related to ACA 1557, CLAS, ACOM 405, language assistance, and other cultural topics
- Increasing cross-team collaborations to implement Cultural Competency Plan initiatives

- Continued expansion of sponsorships with community organizations that are addressing cultural competency in their work
- Continued membership and participation with the Arizona Diversity Council and community coalitions/meetings that address health equity
- Expansion of Employee Inclusion Groups' participation; Veterans/Military Families, Disability, Women, Multi-Cultural, and LGBTQ+
- Expansion of cultural training modules offered to staff
- Attention to cultural questions included in surveys and audits as applicable

The 2018 Annual Effectiveness Review of the Cultural Competency Plan addresses the CIC and HNA Medicaid achievements. Some highlights for 2018 include:

- Over 1,785 providers, stakeholders, members, and the community were reached with diverse cultural training topics presented at venues including a Member and Family Advisory Board meeting, a Governance Board meeting, Foster and Adoptive Councils, provider agencies, provider forums, provider meetings, conferences, and educational panels. Topics included: CLAS, ACA 1557, ACOM 405, Section 508, the Americans with Disabilities Act, cultural sensitivity in care, health equity, supporting LGBTQ individuals, language assistance, managed care and cultural diversity, supporting transgender children/youth, suicide risk and prevention for diverse populations.
- Staff were trained on cultural topics such as Cultural Competency 101, Military & Veterans, Cultural Competency in Health Education, CLAS, A Culture of Poverty, Employee Essentials – Cultural Differences, Diversity Inclusion & You, Diversity and Anti-Harassment, Manager's Essentials – Diversity & Inclusion Strategy.
- Participation in a community Refugee behavioral health needs assessment; results shared with leadership.
- Facilitation of a focus group for minority members to discuss experiences in accessing culturally sensitive care.
- The Annual Vendor Compliance Training & Program Attestation was updated to reflect training inclusive of CLAS, ACA 1557, and ACOM 405 minimum requirements.
- 16 staff tested and passed language assistance testing for oral interpretation in Spanish; 1 staff passing test for written translation to/from the Spanish language.
- Established 5 Employee Inclusion Groups; Arizona Plan participation numbers to date: Veterans/Military Families(37), Disability(21), Women(128), Multi-Cultural(73), and LGBTQ+(57).
- In alignment with the ACA 1557, creation and distribution of a Communications Collateral Tool Kit which includes sensitive and inclusive language to use when reviewing and developing materials for staff, providers, and members.
- Materials reviewed and updated with inclusive language include; communications to providers and to members, policies, the Provider Manual, the Member Handbook.
- Solicited cultural competency program feedback from the Member and Family Advisory Councils which included member, providers, advocates, and general community partners. 65% feel they are receiving culturally sensitive services, 14% state sometimes, and 20% say no. These results are similar compared to 2017 results, where 65% said yes, 16% said unsure, and 16% said no.
- Expanded community partnerships and continued membership and participation with the Arizona Diversity Council.
- Enhancement of language assistance program by alignment of processes to include AzCH coordinating and paying for oral interpretation and American Sign Language for AzCH contracted providers at no cost to them or to the members.

- 100% compliance reporting in Medical Records for Behavioral Health Home Service Delivery and Access to Care Audit Tool-2018 - “For members with a primary language other than English, documentation includes evidence that the member has been informed that written and oral information is available in prevalent non-English languages, including sign language and alternative formats, and how to access written and/or oral information if appropriate.”
- Continued partnership and collaboration with other MCOs to enhance overall cultural competency program within the Medicaid Program (C3 workgroup activities, AHCCCS workgroup meetings, cultural leads meetings, updating Cultural Competency 101 curriculum, etc.).

## **Cultural Competency Provider and Associate Training**

### **Provider Training**

Cultural competency training was made available to all contracted providers. 2 requests from Cenpatico Integrated Care (CIC) providers and 1 request from a community group were received for customized cultural competency training. CIC and HealthNet Access (HNA) providers had access to a training program designed to assess and enhance the competence of provider staff who deliver services to participants and their families. Basic knowledge and skill sets for each provider type are identified based on state and federal requirements. CIC implemented pre and post testing to determine the competency of each provider. Training, testing, and technical assistance were available through a variety of innovative, evidence-based training technologies, including live-events, web-based modules, webinars and video-conferencing. In addition, education about federal requirements pertaining to cultural competency occurred at provider meetings, provider forums, foster and adoptive council meetings and Member and Family Council meetings where providers were present.

### **Promotion of Language Assistance**

The Compliance Department has promoted language assistance through all functional areas internally, to encourage staff, members, and providers to use our interpreter vendors to overcome cross cultural communication barriers. Language line services assist in reducing cultural and linguistic barriers for our members. For CY2019, the alignment of the language assistance program will enhance interpretation options. AzCH will work with the interpretation vendors to further develop reporting mechanisms that will increase efficacy in monitoring of usage.

### **Member Informing Materials Are Written in Plain Language**

During CY2018, the Compliance Department continued to review member materials for plain language and cultural competency considerations and translated documents as required by law, regulatory agency, contract, or oversight agency. CY2019, efforts will include the continuation of material reviews for sensitive and inclusive language, and ensuring documents are translated upon request and as required by policy and law.

## **Monitoring Member Satisfaction and Provision of Culturally Competent Care**

### **Member Satisfaction**

Monitoring of member satisfaction with language services and culturally competent care is conducted by monitoring of member grievances. There were no issues related to cultural complaints filed with the grievance and appeals team during CY2018. However, one complaint was received from the Department of Health and Human Services, Office for Civil Rights alleging that Cenpatico Integrated Care’s transportation department was not compliant with needs for a member who had disabilities. As a result, a training on disability law was developed and assigned to applicable staff. The complaint was successfully closed.

The plans will continue to monitor, track and trend grievance data to evaluate member satisfaction with both language services and whether care provided is culturally competent. If issues are identified actions will be taken to resolve those issues.

## CY19 STRATEGIC PLAN GOALS AND OBJECTIVES

For CY2019, the Culturally Competency Program includes one comprehensive system-wide approach to ensuring compliance with the Affordable Care Act (ACA) 1557, CLAS Standards, and State Medicaid cultural competency program requirements for the overall goals of 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.

# GOAL 1

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## **MAINTAIN A GOVERNANCE, LEADERSHIP, AND WORKFORCE THAT ARE RESPONSIVE TO THE POPULATION IN THE SERVICE AREA, WHO PROMOTE CLAS STANDARDS AND HEALTH EQUITY THROUGH POLICY, PRACTICES, AND ALLOCATED RESOURCES**

Goal 1 addresses CLAS standards 2, 3, 4. The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities. Culturally and linguistically appropriate services should be embedded throughout all levels of an organization. AzCH creates a work environment that respects and accommodates the cultural diversity of its workforce by; developing, maintaining, and promoting continuing education opportunities that increase knowledge and experience related to culture and language among staff, recruiting diverse representation throughout all levels of the company, and creating an environment in which culturally diverse individuals feel welcomed and valued. AzCH organizational governance and leadership promotes CLAS and Health Equity through system-wide approaches including policy, practices and allocated resources. AzCH fosters and individual's right to respect and nondiscrimination by developing and implementing education and training programs that address the impact of culture on health and health care. Ultimately the goal is to increase the capacity of staff to provide services that are culturally and linguistically appropriate and to promote trust and engagement within the communities they serve. Cultural Competency training is required upon hire and annually thereafter.

### **Objective 1.1 Advance and sustain organizational governance and leadership that promotes CLAS standards and health equity through policy, practices, and allocated resources**

#### **Actions:**

- Review policies, procedures, ensure wording is culturally sensitive and inclusive of diversity and inclusion
- Collaborate with the Centene Corporate Diversity & Inclusion Office for system-wide cultural competency program efforts
- Recognize employees who attain demonstrated cultural proficiency
- Infuse key skills and ability ratings for staff evaluations that impact pay grade
- Seek to incorporate cultural competency requirements in job descriptions/responsibilities

#### **Indicators:**

- Staff rewarded for attainment of cultural proficiency

- Employees included ‘increase of cultural competency/awareness’ as one of their goals

**Outcomes:**

- Motivated Staff to attain Cultural Proficiency
- Employee satisfaction
- Incentives that further staff development of cultural competency skills

**Evaluation:**

Review of responsibilities and accountability that communicate the importance of Cultural Competency at all levels of the plan.

**Functional Areas Accountable:**

Compliance, Human Resources

**Objective 1.2 Recruit, hire and retain diverse staff, board, and committee members that are reflective of the communities we serve.**

**Actions:**

- Collaborate with Human Resources to review and write hiring, retention and recruitment policies that address diversity
- Recruit staff at minority health fairs
- Expand membership and activities within the Employee Inclusion Groups (EIG); Veterans/Military Families, Multi-Cultural, Women, LGBTQ+, Disabilities
- Collaborate amongst Employee Inclusion Groups (EIG) to host a Heritage Day event for staff to share about their cultures and to experience a day full of cultural celebrations and learning
- Lead efforts for the Innovation Committee of the LGBTQ+ EIG to enhance an inclusive, sensitive, and diverse work environment
- Develop and support diverse leadership via a mentorship program
- Develop and implement a Plan staff survey to assess if their cultural needs are being met at work, and if they feel welcome and safe in the workplace
- Analyze Plan staff survey data and take action based on results
- Develop incentive program for staff who become certified for language assistance

**Indicators:**

- Percentage breakdown of Board of Directors, leadership, and staff reflective of the communities we serve
- Participation in minority health fairs
- Participation in mentorship program

**Outcomes:**

- Board of Directors and staff who understand the communities and members served
- Cultural Competency support and influence throughout the organization to include the executive level
- Improved patient care and outcomes by ensuring the availability and accessibility of staff that can relate to members culturally

**Evaluation:**

Senior Management report to Board leadership, their affiliations, and other unique qualities that provide resources to the health plan and support the company's cultural competency initiatives. Committees/groups will have established operating guidelines and reporting mechanisms that ensure their comments, concerns, and suggestions related to cultural competency reach the senior management. Information will be provided to the committee regarding all identified concerns and actions taken or planned to address issues. Improved member experience.

**Functional Areas Accountable:**

Senior Management, Compliance, and Human Resources

**Objective 1.3 Utilize diverse staff training methods so that services are provided effectively to all members of all cultures**

**Actions:**

- Actively seek strategies to improve the knowledge and skills that are needed to address cultural competency in the organization
- Customized staff training to fit their needs based on the nature of their contact with providers and/or members. Topics may include supporting the health and wellness of LGBTQ members, including culture in care, achieving health equity, how social determinants of health impact health equity, the importance of language assistance
- Provide educational opportunities for leadership and the workforce about cultural and linguistically related topics that include the CLAS policies and practices, the Affordable Care Act (ACA) Section 1557, the Americans with Disabilities Act, cultural needs of diverse populations, diversity and inclusion, and health disparities via emails, newsletter articles, brown bag lunch and learns.
- Design training to assess and enhance the competence of staff so they can improve their work and model inclusive care with providers who deliver services to members and their families
- Utilize the internal Learning Management System, live trainings and online trainings offered. Track staff participation in training via reports and attendance sheets.
- Provide educational opportunities at cross-team collaboration meetings
- Encourage staff to engage in community engagement efforts to learn more about diverse populations
- Explore the capacity to offer a Diversity Film Series where screenings of culturally related film on a variety of topics will occur to enhance awareness and skills among staff, to include a discussion about the content and tying it into our work

**Indicators:**

- Curricula and other educational materials
- Training reports
- Meeting materials
- Community engagement opportunities

**Outcomes:**

- Increased staff knowledge about federal requirements and cultural competency
- Staff engagement pertaining to cultural competency

**Evaluation:**

Robust and diverse training opportunities for staff will increase staff engagement in the community, as well as increase skills in providing culturally and linguistically appropriate services.

**Functional Areas Accountable:**

Compliance, Training Team

**Objective 1.4 Provide cultural competency training to AzCH staff during new employee orientation and annually**

**Actions:**

- Require new hires take cultural competency training within the first 90 days of employment
- Require annual cultural competency training for all staff
- Make available ad hoc cultural competency trainings in the online learning system
- Explore incorporating a cultural competency focused goal into performance evaluations to encourage additional learning

**Indicators:**

- Training reports
- Cultural competency related goal in staff evaluations

**Outcomes:**

- Awareness to include cultural and linguistic needs in health care
- Skill building
- Employee engagement in cultural competency for performance evaluation

**Evaluation:**

New hires will receive required cultural competency trainings. Existing staff will receive annual cultural competency training and will have a variety of culturally related training available within the online learning management system.

**Functional Areas Accountable:**

Compliance, Training Team, Human Resources

## GOAL 2

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**ENSURE THAT INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY AND/OR OTHER COMMUNICATION NEEDS HAVE EQUITABLE ACCESS TO HEALTH SERVICES**

The second goal addresses CLAS standard numbers 5, 6, 7, and 8. Members belonging to diverse cultural groups often face barriers when accessing or receiving healthcare when they speak a language other than English and have limited English proficiency (LEP). Access to care can be impeded, and miscommunications regarding treatment may occur. It is the responsibility of the Plan to ensure our staff and providers have the resources needed to help individuals access care in a timely manner and understand their care and service options and to be able to participate in decisions regarding their health and health care. The Plan and providers have a responsibility to convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, low literacy skills, and individuals with disabilities. As Effective communication is key in achieving health equity; it can increase an individual's satisfaction and adherence to care and services offered, empower individuals to

negotiate and advocate on their own behalf for important services, enable all individuals to make informed decisions regarding their health care and services options, and improve patient safety and reduce medical error related to miscommunication. In addition, having language assistance options in place to improve communication complies with requirements of Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements. Methods for evaluating the cultural diversity of our membership, including languages spoken and ethnicity of membership is primarily based on member self-reporting. The plans will monitor and address the language assistance delivered by staff, vendors, and providers.

**Objective 2.1 Provide members access to language, disability and auxiliary services 24 hours a day, seven (7) days a week at no cost**

**Actions:**

- Employ a multifaceted model of providing language assistance; utilizing qualified bilingual staff, or contracting with language vendors to provide oral interpretation and American Sign Language (via telephone, face-to-face, and video remote interpretation), written translation, and auxiliary aids as needed
- Continue to provide interpretation to members and providers at no cost and monitor processes to address any concerns immediately
- Communicate language assistance requirements to member facing departments
- Assess interpretation and translation capabilities for bilingual staff
- Update desktop staff reference guide to be inclusive of “how to” details
- Include language assistance availability in Member Handbook, Provider Manual, Plan website, and in other communications
- Monitor concerns and grievances related to non-provision of or barriers to accessing language assistance
- Review policies related to language assistance annually and revise as needed

**Indicators:**

- Language assistance utilization reports
- Language testing results
- Qualified bilingual staff available to provide language assistance
- Desktop reference guide
- Member Handbook, Provider Manual, Plan website, other communications
- Concerns or grievances related to language assistance
- Language assistance policy

**Outcomes:**

- Multiple language assistance services (translations, interpretation - written, telephonic and face to face - certified signers for the deaf and TTY) offered to members and providers
- Continuous availability and accessibility to language assistance
- Quality provision of language assistance
- Increased awareness of language assistance requirements
- No concerns or grievances related to lack of or low quality interpretation and translation

**Evaluation:**

Review of language assistance utilization reports will demonstrate accessibility of interpretation. Analyzation of complaints and grievances related to language assistance. Member Handbook, Provider Manual, Plan website, other communications will reflect interpretation guidelines.

**Functional Areas Accountable:**

Compliance, Call Center, Marketing and Communications, Member facing departments

**Objective 2.2 Make the member, at the point of contact, aware that interpretation/translation are available. This includes, access to oral interpretation, translation, sign language, disability-related services, and provides auxiliary aids and alternative formats on request**

**Actions:**

- Educate members and representatives of the availability of language and auxiliary assistance services availability (including oral interpretation, translation, sign language, disability-related services, and provide auxiliary aids and alternative formats) via the following methods: Member Handbook, website, newsletters and other communication mechanisms
- Post nondiscrimination notices, taglines about language assistance, and “I Speak” booklets in AzCH member facing lobbies
- Include nondiscrimination notices and taglines about language assistance in significant communications to members, specifying that interpretation and translation are provided to them at no cost
- Communications to Providers occur on a regular basis about the requirements of the ACA 1557, Title VI of the Civil Rights Act, and Prohibition against National Origin Discrimination, the American’s with Disabilities Act, the National CLAS Standards, and President’s Executive Order 13166
- Include the requirements related to making members aware of the availability of language assistance in the Plan Provider Manual
- Collaborate with customer service to ensure members are informed of language assistance options upon contact, enhance assistance processes, identify and resolve barriers
- Ensure that staff is fully aware of, and trained in, the use of language assistance services, policies, and procedures by providing educational updates throughout the year
- Monitor notices of language assistance rights via the data provided by the Quality Management Medical Record Review Tool

**Indicators:**

- Timely translation/interpreter assistance to members and providers
- Member access areas clearly identify the availability of language services, when and how to access services and members rights to receive services free of charge (in appropriate literacy levels)
- Nondiscrimination notices and language assistance taglines
- Utilization rate for translation
- Policies, procedures and guidelines

**Outcomes:**

- Clearly communicated language assistance standards
- Increased utilization of language assistance
- Appropriate utilization of language assistance
- Increased awareness of language assistance requirements

**Evaluation:**

Evidence and review of policies, guidelines in member and provider manual, member materials, State approved postings, special mailings, and articles in newsletters about language assistance.

**Functional Areas Accountable:**

Compliance, Network, Marketing & Communications

**Objective 2.3 Written materials that are critical to obtaining services (also known as vital materials) are made available in the prevalent non-English language spoken for each LEP population in the Contractor's service area. [42 CFR 438.3(d) (3)]**

**Actions:**

- Assess the prevalent non-English language spoken for each LEP population in the service area
- Make available vital materials to members in the prevalent non-English language spoken
- Educate staff and providers about the about requirements for written translation
- Include nondiscrimination notices and language assistance taglines in significant communications to members, in lobbies, and on the Plan website to inform members of the availability of the translation of documents

**Indicators:**

- Languages spoken data
- Translated materials
- Educational materials
- Nondiscrimination notices and taglines

**Outcomes:**

- Increased member understanding about their care
- Increased awareness of written translation requirements

**Evaluation:**

Written materials will be translated upon request. Staff and providers will receive education about written translation policy.

**Functional Areas Accountable:**

Compliance, Marketing and Communications

**Objective 2.4 All written materials for members are translated into Spanish regardless whether or not they are vital**

**Actions:**

- Included requirement for providers in the Provider Manual and other provider communications
- Collaborate with the Marketing/Communications team to ensure all Plan materials are translated into Spanish

**Indicators:**

- Member materials
- Provider manual and communications

**Outcomes:**

- Member materials created that are inclusive of the most prevalent non-English language spoken in Arizona

**Evaluation:**

- Communication about Spanish translation requirements will be communicated to staff and providers. A review of member materials will show the Spanish language included.

**Functional Areas Accountable:**

Compliance, Marketing & Communications

**Objective 2.5 Provide upon member request, easy-to-understand print and member information materials to include members with LEP or limited reading skills, those with diverse cultural and ethnic backgrounds, and those with visual or auditory limitations.**

**Actions:**

- Non-discrimination notices include information about accessing materials in alternate formats and taglines include information about how to access language assistance; notices are included in Member Handbooks and other Member communications, on the Plan's website, and posted in AzCH lobbies
- The Plan's assess website content for 508 compliance and ensure documents posted to the web are remediated to comply with 508
- The Plan's Provider Manuals and other provider communications outline provider expectations related to easy-to-understand print and member information materials
- All Member materials are reviewed by the Marketing/Communications Team to ensure they are correct and meet the state guidelines for reading level and required funding statement; they work with the Compliance Department to get all member materials approved by regulatory entities before dissemination
- Member materials are reviewed by the Arizona Cultural Competency Specialist for ACA 1557 and cultural competency requirements

**Indicators:**

- Nondiscrimination notices and language assistance taglines
- 508 remediated documents
- Provider Manual and provider communications
- Sensitive and inclusive member materials

**Outcomes:**

- Members will access materials regarding their care that meet their needs
- Compliance with federal requirements

**Evaluation:**

Compliance with federal requirements will be met to eliminate concerns or grievances related to a lack of accessibility to materials and web content.

**Functional Areas Accountable:**

Compliance, Marketing and Communications

## **Objective 2.6 – Make available interpretation and auxiliary aids for members who are Deaf or Hard of Hearing**

### **Actions:**

- Non-discrimination notices include information about interpretation and auxiliary aids for Members who are Deaf or Hard of Hearing. Taglines include the TTY number for language assistance. These notices are included in Member Handbook and other member communications, on the Plan’s website, and are posted in lobbies.
- Member materials, the Member Handbook, and the Plan’s website include the TTY number for language assistance.
- The Plan’s Provider Manuals and other Provider communications outline provider expectations related interpretation and auxiliary aids for members who are Deaf or Hard of Hearing.

### **Indicators:**

- Nondiscrimination notices and taglines
- Member Handbook and communications
- The Plan website
- Provider Manual
- ASL utilization reports

### **Outcomes:**

- Accessibility to care and services
- Increased awareness of requirements to meet the needs of members who are Deaf or Hard of Hearing

### **Evaluation:**

Plan member materials will be inclusive of interpretation requirements for the Deaf or Hard of Hearing and eliminate concerns or grievances filed pertaining to a lack of language assistance for members who are deaf or hard of hearing.

### **Functional Areas Accountable:**

Compliance, Marketing and Communications, Customer Service

**Objective 2.7 Ensure that communications with members and their families about member health care concerns are culturally competent by submitting a summary statement describing the practices that health care providers are required to use when; accessing language assistance services, explaining member rights and protections (e.g. HIPAA), eliciting descriptions of symptoms, health problems, treatment goals and preferences, and explaining treatment practices (e.g. medications, examinations,) and processes, (e.g. goal setting, assessments, treatment planning, clinical meetings, referrals to other service providers and service interventions)**

Statement: Providers are required to implement ACA 1557 and National CLAS Standards. These requirements, including providing /accessing language assistance, notifying members of rights and protections, utilizing taglines and non-discrimination notices, and communicating with members are addressed in the Plan’s Provider Manual and are reviewed during provider meetings. The Plan has policies that address language assistance, cultural competency, and ACA

1557 requirements that include working with providers to ensure compliance and they are reviewed and updated accordingly on an annual basis.

**Actions:**

- Provider communications about required provider practices will occur on a regular basis
- Review the Plan’s member materials for the 6th grade reading level and ACA 1557 compliance
- Make staff and providers aware of the Cultural Competency Coalition’s (C3) Provider & Patient Communication Guide which describes providing culturally competent care to members and provides tips to improve treatment

**Indicators:**

- Provider communications
- Member materials
- C3 Provider & Patient Communication Guide

**Outcomes:**

- Inclusive Provider Manual
- Member materials will meet the 6<sup>th</sup> grade reading level requirements
- C3 Patient Communication Guide shared with staff and providers
- Increased awareness for staff and providers
- Enhanced communication between staff/members and providers/members related to their care

**Evaluation:**

Provider Manual will be inclusive of requirements that health care providers are required to use. Distribution of C3 Guide will occur.

**Functional Areas Accountable:**

Compliance, Provider Engagement, Marketing & Communications

## GOAL 3

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**ENSURE ON GOING STRATEGIC PLAN DEVELOPMENT, IMPLEMENTATION, EVALUATION AND MONITORING.**

Goal 3 addresses CLAS standards 9-15. It enables the Plan to engage staff, to monitor and assess accountability of key departments and accurately plan strategies, to conduct self-assessment of CLAS related activities for improvement and evaluate progress. It also allows for learning about the culture of those who could potentially use program services. How members access care, how they define and view healing, their language, social structure and preferred method of obtaining information are just a few of the areas that will be accessed through community profiles and needs assessments. The Plan will use information gathered to adapt services and develop skills where needed. The Plan will make tools available for individual and organizational self-assessments and will share those tools with providers. The collection of race, ethnicity, and language data presents a substantial challenge. Members cannot be compelled to provide this information; confusion around standard race/ethnicity categories and exhaustive lists of spoken languages makes it difficult to ensure the uniformed collection of data across the healthcare industry. The Plan realizes the need for the collection and accuracy of cultural data to facilitate the provision of quality services and improvement in health outcomes for its membership and will address barriers to data collection during CY2019.

### **Objective 3.1 Complete an annual evaluation of the program and new strategic plan**

#### **Actions:**

- Complete, at a minimum, an annual assessment of the program plan
- Create a new plan based on the annual assessment and CLAS Standards
- Create a new work plan template to use for quarterly updates
- Quality Management Performance Improvement (QMPI) and Quality Improvement Committee (QIC) to review and approve program goals and monitor progress as applicable

#### **Indicators:**

- A completed assessment and new program plan
- A work plan template utilized for updates
- Agendas, minutes, sign in sheets of QMPI and QIC meetings used to oversee the Cultural Competency Strategic Plan demonstrating Leadership presence and participation from across departments
- Approval from the Plans' QMPI and QIC and Board of Directors on program assessments as applicable

#### **Outcomes:**

- Integration of CLAS related responsibilities and accountability into all functional areas
- Established goals, policies and planned activities relevant to CLAS services into each business functional area
- Increased awareness for management from each department regarding implementation of CLAS-specific activities
- Executive level leadership is engaged in CLAS activities

#### **Evaluation:**

The plan will conduct an annual assessment to monitor and track its progress against established goals and objectives. Write an annual cultural competency plan that identifies the goals, accomplishments, and areas for improvement.

#### **Accountable-Functional Areas:**

Compliance, Regulatory Ops, Human Resources, Quality Improvement, Member Services, Network, Care Coordinators, Medical Management, Marketing & Communications, and Operations.

### **Objective 3.2 Communicate progress and success in implementing the CLAS Standards to the public, providers, members, and stakeholders**

#### **Actions:**

- Post the Cultural Competency Program on the Plan website
- Present Cultural Competency progress and success at on-site visits and at community meetings
- Present Cultural Competency program topics during Member and Family Council meetings
- Present at governance and stakeholder meetings which include the Governance Board, community coalitions, statewide councils, conferences, and Quality Management Process Improvement meetings
- Include information in newsletters

**Indicators:**

- Cultural Competency Plan posted on the AzCH website
- List of provider and community meetings where updates were shared
- Meeting agendas and minutes
- Newsletters

**Outcomes:**

- Easily accessible information on Cultural Competency Program activities, goals and objectives
- Increased awareness for the public and providers about Cultural Competency Program initiatives
- Demonstration of our accountability to our members, providers, the state and the public

**Evaluation:**

Information available via print and electronic media.

**Functional Areas Accountable:**

Compliance, Marketing & Communications

**Objective 3.3 Care and service are delivered in a culturally competent manner to diverse cultural and ethnic backgrounds, including those with limited English Proficiency, disabilities, and regardless of gender, sexual orientation or gender identity****Actions:**

- CLAS Standards utilized as the AzCH foundation for culturally effective service planning
- Provide technical assistance to providers and stakeholders on how to include CLAS Standards in their delivery of culturally competent care and services
- Educate members about CLAS components
- Explore creation of a cultural competency advisory board comprised of staff, providers, and members to consult on implementing CLAS in the system of care, and issues affecting diverse populations and how to solve them
- Draft and distribute reference materials/tools that may assist staff, providers, and stakeholders as applicable in delivering culturally sensitive services to diverse populations including a reference guide for language assistance, 508 processes, and other areas related to CLAS activities
- Infuse cultural competency initiatives in various department strategic plans
- Survey staff regarding their knowledge of cultural competency program initiatives, solicit feedback for cultural program activities that enhance care and service delivery, and incorporate staff survey feedback into cultural initiatives and planning
- Explore development of cultural brokers for members who identify as refugees - individuals from the community who can serve as a bridge between an organization and people of different cultural backgrounds
- Explore expansion of Promotoras model to additional areas within service region
- Monitoring and adherence to federal requirements
- Nondiscrimination notices and language assistance taglines in 15 most prevalent languages distributed to members in significant communications, posted in AzCH lobbies, and on the AzCH website

**Indicators:**

- Cultural Competency Plan inclusive of CLAS Standards
- Educational materials
- Reference tools
- Department plans inclusive of cultural competency initiatives
- Staff survey data
- Meeting notes/correspondence related to development and expansion of services
- Tracking of identified barriers or concerns impeding culturally competent care
- Mailings, website content, lobby posters

**Outcomes:**

- Enhanced understanding of including cultural competency in care
- Culturally sensitive services provided to members

**Evaluation:**

Cultural Competency Program and additional department strategic plans will be inclusive and sensitive to diverse population needs. Guidance documents will be available for staff, providers, and stakeholders to utilize for improving culturally competent care for members.

**Functional Areas Accountable:**

Compliance, Network Development, Operations, Marketing & Communications

**Objective 3.4 Evaluate the network, outreach services and other programs to improve accessibility and quality of care for membership, and provide and coordinate linguistic and disability related services.**

**Actions:**

- Identify any network implications in the Cultural Competency Program Plan and work with Network Development to take steps to improve network adequacy for all members to ensure the cultural and linguistic needs of members are met
- Participate in Network Development Committee to discuss provider cultural competency requirements and to enhance recruitment of diverse providers
- Present at department meetings on evaluations of the network and programs to improve accessibility and quality of care for membership
- Provide education about the provision and coordination needed for linguistic and disability-related services
- Participate in the Sponsorship Committee to advocate for the support for outreach to diverse populations
- Provide outreach and education at conferences
- Provide education about Section 508 to staff and providers
- Monitor and coordinate AzCH Section 508 activities
- Tracking/trending Member and Family Advisory Council Survey data pertaining to receipt of culturally competent services
- Solicit feedback during Member Council meetings/ Advocacy meetings on the plan's cultural competency program
- Track/trend units of T1013 (Oral Sign Language/Interpretive Services) submitted in claims

- Analyze cultural related data from the Quality Management audit tool - Medical Records Compliance for Behavioral Health Home Service Delivery and Access to Care – and offer technical assistance as needed to providers and staff to improve scores

**Indicators:**

- Meeting materials
- Sponsorships
- Conference agendas/workshops
- Educational materials
- T1013 data
- Quality Management Medical Records Data

**Outcomes:**

- Increased awareness of cultural and linguistic needs
- Compliance with 508 regulations
- Identification of barriers, gaps

**Evaluation:**

Accessibility and quality of care for membership will be surveyed, and actions taken based on the results. Linguistic and disability related services will be enhanced where needed and compliant with regulations.

**Functional Areas Accountable:**

Compliance, Network Development, Quality Management, Marketing & Communications, Data Analytics

**Objective 3.5 Evaluating the cultural diversity of membership to assess needs and priorities in order to provide culturally competent care to membership to include languages spoken and ethnicity of membership:**

**Actions:**

- Search for opportunities to improve data collection pertaining to cultural and linguistic needs within the Plan
- Utilize U.S. Census information to identify potential diversity of membership
- Monitor the top 15 languages used by members
- Explore implementation of a provider project with possible incentives to update languages spoken by members in the member records to reduce the high number of missing languages
- Track and monitor population changes by region

**Indicators:**

- Interpretation utilization reports
- Updated health records with cultural and language data
- Tracked and monitored population changes by region

**Outcomes:**

- Member spoken languages, race and ethnicity are integrated into the Information Management System/database
- Increased understanding of membership composition

**Evaluation:**

Compare cultural considerations in records to previous year.

**Functional Areas Accountable:**

Compliance, Quality Improvement, Information Systems

**Objective 3.6 Conduct regular assessments of community health assets and use results to plan, implement and assist providers in providing services that respond to the cultural and linguistic diversity of populations in their service area(s)****Actions:**

- Review community and county health needs assessments and identify areas related to improving culturally competent care for members that can be shared with staff and providers
- Collaborate with the Individual and Family Affairs team to plan and facilitate a minimum of 1 focus group comprised of underserved individuals to monitor progress, identify barriers, and respond to the delivery of culturally and linguistically appropriate services
- Solicit feedback specifically in Member and Family Council meetings and track/trend data
- Utilize the CY2018 needs assessment from the Pima County refugee resettlement committee to discuss improvement of service delivery by providers and to explore filling identified gaps
- Analyze feedback from the CY2018 minority population focus group and share with applicable departments to enhance culturally competency care
- Collaborate with providers to improve collection of primary/preferred languages spoken by members
- Engage various community group meetings to gather member and community input for ongoing development of the cultural competency plan
- Share assessment data with QMPI and seek input for cultural planning

**Indicators:**

- Community Health Assessment data summary
- Focus group scheduled
- Member and Family feedback tracked/trended
- Department communications
- Provider communications and educational materials
- Community meeting minutes

**Outcomes:**

- Identified gaps and barriers to culturally sensitive care
- Inclusion of member voices from various regions in service area
- Increased ability to gauge the needs of the community and members
- Collaborations strengthened
- Input into the annual Cultural Competency Program planning
- Increased responsiveness to member needs
- Provider education
- QMPI and QIC input into cultural planning

**Evaluation:**

Assessment results used to plan, implement and assist providers in providing services that respond to the cultural and linguistic diversity of populations in their service area. Focus groups that provide member input into cultural planning. QMPI discussions related to assessment findings and improving culturally competent care.

**Functional Areas Accountable:**

Compliance, Individual and Family Affairs, Quality Management, Marketing & Communications

**Objective 3.7 Track and monitor member complaints, grievances and appeals to identify issues and ensure that member concerns are addressed and resolved in a manner that is sensitive and takes into consideration their linguistic and cultural needs**

**Actions:**

- Ensure members are informed of the processes and commitment to address all complaints in a sensitive and appropriate manner via nondiscrimination notices and other educational materials published in English and Spanish in the Member Handbook and on the Plan website
- Make available the process and procedures in the members' primary language upon request to member and staff
- Post information at appropriate literacy and language levels of grievance rights and procedures via the Web site
- Collaborate with Grievances and Appeals team to broaden the scope of cultural categories
- Receive and review quarterly reports related to concerns, complaints, grievances, and appeals involving ACA 1557 violations, and other culturally related issues
- When necessary, appropriate and/or requested, utilize language assistance to ensure timely and sensitive process of complaints and appeals
- Track complaints and appeals of non-English speaking members regarding their inability to access appropriate interpreters
- Report grievance/complaint trending related to cultural competency considerations to QMPI and QIC

**Indicators:**

- Cultural categories expanded
- Cross cultural complaints and appeals processed
- Tracking of nondiscrimination complaints
- Language assistance utilization for processing
- Number of complaints or grievances related to inability to access interpreters
- Trending of issues related to cultural competency

**Outcomes:**

- Member handbooks contains simplified detail of the administrative review rights to appeal decisions at appropriate literacy and language levels
- Nondiscrimination notice including grievance and appeals information posted on the website
- Prevention and resolution of cross-cultural conflicts and concerns raised by members
- Technical assistance provided to providers relating to federal requirements pertaining to cultural competency
- Oversight and monitoring of culturally or linguistically related complaints/grievances as part of the overall quality assurance program

**Evaluation:**

Review quarterly reports to the QMPI and QIC of complaints and trends to ensure oversight and appropriate resolution

**Functional Areas Accountable:**

Grievance and Appeals, Quality Management, Care Management, Call Center, Marketing & Communications

## GOAL 4

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**ENSURE COMPLIANCE WITH THE AFFORDABLE CARE ACT'S FINAL REGULATION SECTION 1557**

On May 18, 2016, the U.S. Department of Health & Human Service (HHS) issued the Final Rule, Non Discrimination in Health Programs and Activities, implementing the prohibition of discrimination under Section 1557 of the Affordable Care Act of 2010 (ACA). Section 1557 is intended to protect some of the most vulnerable populations from discrimination in the provision of health care services and programs. AzCH will continue to provide educational opportunities and oversight for the workforce, providers, and the delegated providers to enhance compliance with the ACA 1557.

**Objective 4.1 Ensure AzCH enterprise-wide compliance with final regulation 1557****Actions:**

- Review of member materials to ensure compliance with guidelines and include sensitive and inclusive language
- Review and update of policies and procedures as applicable
- Continue education with staff about including nondiscrimination notices and language assistance taglines in significant communications with members
- Ensure public posting requirements of nondiscrimination notice and taglines are met
- Monitor Medical and Pharmacy Claims Edits to be in compliance as applicable
- Review and update staff training on 1557 regulations and annual refresher course

**Indicators:**

- Inclusive wording in communications
- Compliant policies and procedures
- Compliant member communications
- Website inclusive of nondiscrimination notice and taglines
- Medical and Pharmacy Claims audit reports
- Updated training and training roster

**Outcome:**

- Compliance with ACA 1557 requirements
- Inclusive and sensitive communications
- Increased awareness of ACA 1557 requirements
- Monitoring & Auditing of medical and pharmacy claims for compliance
- Increased ability to identify ACA 1557 issues

**Evaluation:**

Quarterly evaluation of compliance with ACA 1557 regulation.

**Functional Areas Accountable:**

Compliance, Regulatory Operations, Quality Improvement, Medical Management, Network, Provider Engagement, Programs, Marketing & Communications, Pharmacy and Operations

**Objective 4.2 Provide policy oversight for network providers in coordination with the Arizona Network, Provider Engagement, and Operations teams.****Actions:**

- Develop robust provider network and provider oversight program for compliance with ACA 1557 requirements
- Establish ongoing communications with Arizona Network, Provider Engagement, and Operations teams regarding provider compliance to ACA 1557
- Update applicable technical assistance tools such as the Provider Tool Kit for providers to be inclusive of ACA 1557 requirements - in collaboration with Provider Engagement team
- Explore options to include ACA 1557 requirements in fidelity reviews of provider organizations

**Indicators:**

- Established oversight guidance document
- Meeting correspondence
- Revised tools
- Fidelity audits inclusive of ACA 1557 content

**Outcome:**

- Increased provider awareness and implementation of ACA 1557 policy
- Enhanced technical assistance to assist providers in achieving compliance with the ACA 1557
- Strengthening of network provider oversight related to ACA 1557 requirements
- Increased provider accountability

**Evaluation:**

Increased collaboration with Network, Provider Engagement, and Operations Teams. Establishment of a baseline for fidelity audits.

**Functional Areas Accountable:**

Compliance, Quality Improvement, Provider Network Relations, Provider Engagement, Operations

**Objective 4.3 Provide policy oversight for delegated vendors in coordination with the Arizona Delegated Vendor Oversight (DVO) team.****Actions:**

- Review policy oversight program for delegated vendors in coordination with the Arizona Delegated Vendor Oversight (DVO) team.
- Revise oversight program for delegated vendors as needed
- Establish ongoing communications with Delegated Vendor Oversight team pertaining to ACA 1557 requirements
- Educate delegated vendors about ACA 1557 requirements

**Indicators:**

- Revisions if made
- Meeting correspondence
- Educational materials

**Outcome:**

- Updated DVO policy as applicable to reflect current information
- Enhanced understanding of ACA 1557 among delegated vendors
- Strengthening of delegated vendor oversight related to ACA 1557 requirements
- Subcontractor/ Delegated Entity Compliance with Regulation 1557

**Evaluation:**

Increased collaborations with DVO team. Compare oversight to prior year.

**Functional Areas Accountable:**

Compliance, Delegated Vendor Oversight

**Objective 4.4 Continue regular oversight reporting for Plan Executive Compliance Committee and Board of Directors for any improvement recommendations and/or if needed, corrective action plans.****Actions:**

- Share tracking metrics at quarterly Compliance Committee Meetings and applicable Board of Director meetings
- Bring forth areas for concern and seek input into processes
- Follow-up as applicable to recommendations and/or corrective action plans

**Indicators:**

- Meeting correspondence
- Tracking updates
- Communications regarding actions as applicable

**Outcome:**

- Enhanced collaborations with Executive Leadership and Board of Directors
- Receipt of key feedback from Executive Leadership and Board of Directors regarding improvement recommendations and/or corrective action plans
- Enhancement of workforce, provider network, and delegated oversight compliance with ACA 1557 requirements

**Evaluation:**

AzCH will conduct ongoing meetings with the Executive Compliance Committee which include Leadership from across departments, as well as the Board of Directors which will provide opportunities to discuss improvement recommendations and/or corrective action plans. Input will be sought related to any identified issues, and action will be taken to address them.

**Functional Areas Accountable:**

Compliance, Quality Improvement, Provider Network Relations, Executive Leadership

#### **Objective 4.5 Provide contract assessments pertaining to ACA 1557**

##### **Actions:**

- Review and update contract assessments pertaining to ACA 1557 annually
- Educate enterprise regarding gaps/risks as applicable

##### **Indicators:**

- Contract assessments will be up to date
- Gaps/Risks identified and shared as applicable

##### **Outcome:**

- Increased awareness of 1557 compliance requirements
- Closure of gaps and risks reduced

##### **Evaluation:**

Implementation of effective “1557 policies and procedures” as evident by assessment.

##### **Functional Areas Accountable:**

Compliance, Quality Improvement

## **GOAL 5**

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### **ENSURE PROVIDERS, VENDORS, AND STAKEHOLDERS HAVE THE TOOLS THEY NEED TO PROVIDE A CULTURALLY AND LINGUISTICALLY APPROPRIATE SYSTEM OF CARE**

Provider cultural and linguistic competency is a social determinant of health. In addition, stakeholders have a key role in supporting members achieve health equity. Collaboration with providers and stakeholders is paramount in having a culturally and linguistically appropriate system of care. Providers and stakeholders need to be offered tools and opportunities to grow their knowledge to enhance their levels of cultural and linguistic competency.

#### **Objective 5.1 Utilize diverse educational methods for providers and other subcontractors with direct member contact to enhance cultural competency knowledge**

The AzCH Training Program is designed to assess and enhance the competence of all provider staff who deliver services to participants and their families. Basic knowledge and skill sets for each provider type are identified based on state and federal requirements. Pre and post testing exists in many trainings to determine the competency of each provider staff or attestations are submitted to show completion of a training.

##### **Actions**

- Offer training, testing, and technical assistance through a variety of innovative, evidence-based training technologies including live-events, web-based modules, webinars and video-conferencing.
- Providers with direct care responsibilities will complete mandated Cultural Competency training upon hire and verify that staff at all levels and across all disciplines receive ongoing education

and training. Training may include education at provider organizations, conferences, and community training.

- Make providers aware of the Cultural Competency Coalition's (C3) Provider & Patient Communication Guide which describes providing culturally competent care to members and provides tips to improve treatment.
- Provide training on diverse topics during provider meetings.
- Customize training to fit the needs of providers and develop and distribute a provider cultural survey to identify training needs.
- Present customized trainings at provider organizations upon request or upon identifying the need for providers to enhance their cultural competency skills.
- Communicate training opportunities to providers via fax blasts and provider meetings.

**Indicators:**

- Curricula
- Training reports
- Training certificates
- Provider communications

**Outcomes:**

- Enhanced provider cultural and linguistic competency
- Provision of culturally and linguistically sensitive services

**Evaluation:**

Trainings will be identified and offered to providers via diverse methods.

**Functional Areas Accountable:**

Compliance, Training Team

**Objective 5.2 Make providers and other subcontractors aware of the importance of providing services in a culturally competent manner**

**Actions**

- Communicate cultural training and other requirements in provider communications, provider meetings, on the website, and in the Provider Manual
- Continue to offer training focused on: cultural competency principles, CLAS, members with LEP, Section 508, federal requirements, unique populations, health disparities
- Share data on health disparities of underserved populations
- Share research on including culture in care leading to improved health outcomes
- Ensure delegated vendors are including cultural requirements in services
- Collaborate with Delegated Vendor Oversight team to review and update as applicable requirements for vendors that are inclusive of cultural competency - at a minimum annually

**Indicators:**

- Communications
- Curricula
- Data on health disparities
- Cross team communications

**Outcomes:**

- Increased knowledge about federal requirements
- Providers and subcontractors will have data to utilize in service planning
- Vendors will have an understanding of cultural competency requirements

**Evaluation:**

Communications will demonstrate shared knowledge and information.

**Functional Areas Accountable:**

Compliance, Training Team, Delegated Vendor Oversight

**Objective 5.3 Provide additional/ongoing training and assistance to providers and subcontractors on providing cultural competent services to members****Actions**

- Provide education on culturally competent services during provider meetings
- Offer customized training and technical assistance during provider meetings and in provider communications
- Add a page on the AzCH website dedicated to cultural competency information that can be accessed by stakeholders, providers, and members which will include a notice on the page that customized training and technical assistance is available upon request
- Collaborate with Provider Engagement Specialists to review and update the Readiness Tool that is utilized when onboarding new providers
- Collaborate with Training team and other health plan cultural leads as applicable to update and create cultural competency trainings as needed
- Monitor providers for adherence to cultural and linguistic requirements

**Indicators:**

- Meeting materials
- Educational materials
- Website
- Readiness Tool
- Curricula
- Training reports
- T1013 data
- Webpage dedicated to cultural competency education

**Outcomes:**

- Increased awareness of how to provide culturally competent services to members
- Cross-team collaborations strengthened
- Provider compliance with cultural and linguistic requirements

**Evaluation:**

Communications to providers and across teams will demonstrate assistance to providers and subcontractors. Enhanced tools and training will occur.

**Functional Areas Accountable:**

Compliance, Training Team, Provider Engagement, Marketing & Communications

**Objective 5.4 Provide educational opportunities to Stakeholders**

**Actions**

- Educate about CLAS, ACA 1557, and other federal and state laws and policies at community meetings
- Provide presentations at conferences that address health equity and supporting underserved populations
- Add information specific to stakeholders on the cultural competency program page on the AzCH website

**Indicators:**

- Meeting materials
- Presentations
- Webpage content dedicated to stakeholder cultural competency

**Outcomes:**

- Stakeholders will be aware of AzCH’s commitment to culturally competent care
- Stakeholders will increase knowledge about federal requirements pertaining to cultural competency
- Enhanced website inclusive of cultural competency information

**Evaluation:**

Staff will present cultural information at community meetings and at conferences. Cultural competency webpage will feature cultural competency initiatives for stakeholders.

**Functional Areas Accountable:**

Compliance, Marketing & Communications

## GOAL 6

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**PARTNER WITH CHILDREN’S REHABILITATIVE SERVICES (CRS) TEAM TO FOSTER FAMILY CENTERED AND CULTURALLY COMPETENT CARE**

All children identified as having a CRS qualifying condition are engaged through the AzCH Care Management department and offered Care Management services. Policy AZ.MEDM.146, “Integrated Care Management of Children with Special Needs”, identifies the process and key elements to providing family centered support through the Child and Family Team process. “Once enrolled into Care Management, the Children’s Integrated Care Manager will determine the member’s needs and identify short and long term goals in collaboration with the Child and Family Team (CFT), the guardian and other providers as appropriate.”

Upon identification of a member as having a qualifying CRS diagnosis, an Integrated Care Manager will attempt telephonic outreach to the family to assist with scheduling an initial appointment with the closest Multi-Specialty Integrated Clinic (MSIC) and/or assisting the family with identifying additional systems of support. Collaboration between team members is supported through the Child and Family

Team Process. Arizona Complete Health CFT Coaches assist with collaboration and communication in a supportive manner in accordance with the Arizona Vision. Work process, “Child and Family Team Coach”, identifies the purpose of the CFT coach role as being the following “This position participates in Child and Family Team meetings by phone providing guidance in an effort to improve the effectiveness of a team and address treatment challenges in accordance with the Arizona Vision and Twelve Principles. The CFT Coach assists with collaboration efforts in the counties that Arizona Complete Health serves. They facilitate communication and collaboration, helps resolve individual member issues and supports quality coordination of care by acting as a liaison, mediator and coach to provider agency staff and the CFT”.

Policy AZ.MEDM.146, “Integrated Care Management of Children with Special Needs”, describes the process for identifying and engaging members with special healthcare needs including children with a CRS qualifying condition. The policy describes the role of the Integrated Care Manager in collaborating and coordinating care for the child through the CFT process. The policy describes time frames for developing and implementing a comprehensive service plan and also the development of a comprehensive care plan which is then shared with all members of the care team. “The Children’s Integrated Care Manager will monitor the member’s progress by contacting the member’s guardian, the Health Home and the CFT at the defined intervals or more frequently as determined by the Care Manager. The Children’s Integrated Care Manager will implement the necessary changes to the Plan of Care and modify the goals based on the findings of her/his evaluation and collaboration with the guardian, the member where appropriate, the provider and the CFT on a predetermined basis.” AzCH conducts regular internal audits to ensure compliance with all policies.

The Integrated Care Manager and the CFT Coach promote communication and collaboration through the CFT process in accordance with the Arizona Vision and 12 principles of CFT practice. The CFT process recognizes spiritual and cultural preferences and incorporates the member’s individuality through the development of the individual service plan. Each service plan is tailored to meet the needs of the child and family which includes any and all identified cultural, racial, ethnic, geographic, social and spiritual preferences.

Policy AZ.MEDM.106, “Care Management Identification of members with Special Needs”, discusses the systematic approach to proactively identify members and families that may benefit from Care Management Services. The Care Management Program coordinates the delivery of services that meet the needs of the identified members AZ Medicaid-Acute and its delegates make available Care Management Services to assist members with complex conditions to receive support and assistance with coordination of care and access to any needed services. Members who are accepted into Care Management have the delivery of care occur across healthcare settings, providers and services to assure continuity of care. The care manager coordinates communication among plan personnel, providers and the members. AZ Medicaid-Acute Care Management program offers coordinated care plans that ensure continuity of care and integration of services through arrangements with contracted providers that include programs for coordination of plan services with community and social services generally available through contracted and non-contracting providers in the area served by AZ Medicaid-Acute including community based services. The Care Manager conducts an initial standardized assessment through direct phone contact with the Member, and/or the Member’s caregiver or physician. The care plan is shared with all members of the care team.

All Care Management staff are required to complete Cultural Competency Training as an on-boarding requirement. “Cultural Competency in Health Education and Healthcare Promotion” is the title of the

course offered through Cornerstone On-line learning. This module is designed to cultivate thought processes in participants that allow them to become more understanding of cultural factors. Participants will be taught to value the member's cultural framework as a necessary and acceptable component of their health and welfare.

AzCH is contracted with several Peer and Family Run organizations such as MIKID and the Family Involvement Center. Both organizations employ staff with lived experience to support families in similar situations.

AzCH is contracted with the multi-disciplinary integrated clinics that serve the majority of Arizona Medicaid CRS members. AzCH promotes the use of available resources to support CRS members through the Care Management process. Care Management is offered to all members who are diagnosed with a CRS qualifying condition to promote available comprehensive community support. AzCH Care Management program offers coordinated care plans that ensure continuity of care and integration of services through arrangements with contracted providers that include programs for coordination of plan services with community and social services generally available through contracted and non-contracting providers in the area served by AZ Medicaid including community based services.

The provider manual has a section inclusive of CRS information. CRS content can also be found on the AzCH website and in the member handbook.

#### **Actions**

- Review and update integrated care policy for members identified with CRS qualifying conditions annually to ensure inclusion of ACOM 405 criteria and cultural competency components
- Collaborate with AzCH CRS staff to ensure compliance with ACOM 405 requirements

## APPENDIX A

### REFERENCES

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- *Disparities Report: The Melting Pot*. First Report (2004)

## ATTACHMENTS

LANGUAGE ACCESS PLAN