CULTURAL COMPETENCY, LANGUAGE ACCESS, AND FAMILY/MEMBER CENTERED CARE PLAN

CYE 2023
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Contents

DES Mission:

The Arizona Department of Economic Security makes Arizona stronger by helping Arizonans reach their potential through temporary assistance for those in need, and care for the vulnerable.

DES True North

All Arizonans who qualify receive timely DES services and achieve their potential.

DES Values:

- Accountability − We commit to excellence, innovation and transparency.
- Integrity − We are trustworthy, honest and reliable.
- Respect − We appreciate each other, and value those we serve.
- Teamwork − We collaborate with humility, and partner with kindness.
- Diversity – We respect all Arizonans, and honor those in need.

DES Goals:

- Serve Arizonans with integrity, humility and kindness.
- Support Arizonans to reach their potential through social services that train, rehabilitate, and connect them with job creators.
- Provide temporary assistance to Arizonans in need while they work toward greater self- sufficiency.
- Provide children with food, health care, and parental financial support; provide services to individuals with disabilities; and protect the vulnerable by investigating allegations of abuse, neglect, and exploitation.

Division of Developmental Disabilities Mission:

Empowering Arizonans with developmental disabilities to lead self-directed, healthy and meaningful lives.

How Care and Service Are Delivered

The Department of Economic Security (the Department or DES), Division of Developmental Disabilities (the Division or DDD) strives to deliver support to individuals with intellectual/developmental disabilities (ID/DD) in a culturally competent, family/member centered manner with diverse cultural, racial and ethnic backgrounds, including those with Limited English Proficiency (LEP), disabilities, and regardless of sex, gender, sexual orientation or gender identity, health status, national origin, and age. The Cultural Competency and Family Centered Care Plan/Language Access Plan is the guiding document used to improve service delivery and make adjustments to support members' needs. This plan is regularly evaluated and reviewed by the Division's Executive Leadership Team (ELT). The Division provides whole person care by respecting individuals and families, cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality. Frequent communication with members, families, and stakeholder groups from diverse cultures improves health outcomes and member satisfaction. The Division is responsible for:

- Support Coordination and Identifying and coordinating access to community supports
- Physical Health Services

- Behavioral Health Services
- Home and Community Based Services (HCBS)
- Other Specialty Services

The Division's Support Coordinators have a primary role in ensuring care and service are delivered in a culturally competent, family/member centered manner. They ensure that the member, and as appropriate, the family, is recognized as the primary source of support for the member's health care decision-making process through use of the Person Centered Service Planning (PCSP) process. The support coordinator is responsible to ensure cultural competency collaboration is facilitated among members, families, and health care providers to ensure the best care for the member by promoting complete exchanges of unbiased information. The support coordinator is responsible to practice disability etiquette; for example, talking to members in the same way and with a normal tone of voice as to anyone else; talking to them directly, rather than to an accompanying person; using "people-first language"; asking the person if assistance is needed instead of assuming. The support coordinator ensures that the unique nature of each member and their family is appreciated and recognized. In 2020 and 2021, the Division revised and updated all policies and procedures related to PCSP. All Support Coordination Staff have been trained, and we are now at 98% completion of PCSP for our DDD-ALTCS members.

The Division believes that people have the right and authority to make decisions about their lives. Person-centered thinking principles instruct us to think about disability from a strengths-based perspective. This is self-direction and is a central theme to a person-centered approach to service delivery. The person is at the center of our work but we know that maintaining the integrity of the family and the member's connection to their family will lead to better outcomes. The Division supports the member in living a meaningful life and a person-centered approach helps us to give a greater voice to this meaningful life and all of what it entails for the member. Focusing on the family as partners and collaborators in the care and support of their loved one, helps us to honor members' and families' perspectives and choices.

The following policies and procedures have been created or updated to reflect the changes in the PCSP which support the medical, developmental, educational, emotional, cultural, environmental, and financial needs of members and their families: 1) Planning Meeting Pre-Activities procedure; 2) Pre-Meeting Case File Review Checklist; 3) Person-Centered Service Planning procedure; 4) Forms that May be Used During Planning Meeting Checklist; 5) PCSP Terminology and Documentation Tips Job Aide; 6) Planning Meeting Post-Activities procedure; 7) Forms that May be Used After Planning Meeting Checklist; and 8) Post-Meeting Case File Update Checklist.

In addition, Qualified Vendors are required to support the medical, developmental, educational, emotional, cultural, environmental, and financial needs of members and their families. Each Qualified vendor delivering Home and Community Based Services must follow the Code of Conduct outlined in the Qualified Vendors Agreement which states:

The Qualified Vendor must ensure that its personnel, subcontractors and any other individual utilized by the Qualified Vendor for this Agreement:

- Represent themselves, their credentials, and their relationship to Qualified Vendor accurately to members and others in the community.
- Participate as appropriate in the planning (e.g., PCSP) process, including the implementation of plan

objectives.
- Maintain consumer privacy and confidential information in conformity with federal and state law, rule, and policy.
- Ensure that all individuals who participate in this Agreement have been trained and have affirmed their understanding of federal and state law, rule,and policy regarding confidential information.
- Ensure that members receiving service are safely supervised and accounted for.
- Act in a professional manner, honor commitments, and treat members and families with dignity and respect.
- Display a positive attitude.
- Absolute zero tolerance for the following: sexual activity with members andfamily members; employ authority or influence with members and familiesforthe benefit of a third party; exploit the member's trust in the Contractor; oraccept any commission, rebates, or any other form of remuneration except for payment by the Contractor.

The service specification for each HCBS services includes the requirements for Qualified Vendors to provide care and support including medical, developmental, educational, emotional, cultural, environmental, and financial needs of members and their families. These can be located here: https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/become-a-qualified-vendor/qv-system. In addition, Division policy has multiple policies that require Qualified Vendor to support these needs.

The vendor call process for residential services was revised in 2022 to include a residential assessment profile which helps identify the most appropriate residential service option for each member and provides information on the members' needs regarding medical, communication, developmental, educational, emotional, cultural, and environmental needs. This new profile helps match members to vendors more efficiently and accurately.

The Division maintains an Intergovernmental Agreement (IGA) with the Navajo Nation to provide culturally relevant support coordination services to Tribal members to support this work. All Support Coordinators must utilize the person-centered/family centered approach to access care. This approach includes recognition of the diversity of each member and their families regardless of culture, race, ethnicity, sexual orientation, socioeconomic status, or beliefs. The Division's Mission includes empowering members (and family involvement) as key decision makers in their own lives consistent with their values, preferences, strengths and needs.

Internally, the Division works to establish and maintain a consistent, universal approach to cultural competency and diversity. Each Division District manages a culturally competent and diverse workforce within its geographic boundaries, while the Division works statewide to standardize processes across all network providers.

The Division, its subcontractors and contracted providers train their staff to be culturally sensitive to members' and families' values and beliefs, and to be knowledgeable about the cultures and languages of the members and families served. To ensure that communications with members and their families about member health care concerns are culturally competent Division staff, subcontractors, and contracted providers must:
- Ensure that members know how to access language assistance services,
- Get information about their member rights and protections (e.g. Health Insurance Portability and Accountability Act [HIPAA]),

- Elicit descriptions of symptoms, health problems, treatment goals and preferences, and
- Ensure 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) are communicated.

The Division, its subcontractors and contracted vendors provide and make members aware of their right to no cost translation, interpretation services, and how to access these services through multiple language access agencies. This includes access to oral interpretation, translation, American Sign Language, disability-related services, and provision of auxiliary aids and alternative formats on request. New members are provided copies and existing members are offered copies of the Arizona Long Term Care System (ALTCS) Handbook and Navigating the System both of which are posted to the DES DDD member webpage (in English and Spanish) under "Member Manuals and DDD Policies". The ALTCS handbook instructs members and families how to access language services, gives information on how to get materials in other languages, describes how to find non-English speaking providers, and includes a list of member rights including:

- Materials that recognize the need for empathy, courtesy, and respect of culture.
- Have a provider who speaks a language the member understands.
- That members can get information, in another language or format that is easier to read at no cost by calling the assigned Support Coordinator or the DDD Customer Service Center at 1-844-770-9500 ext. 1 (TTY/TDY 711).
- That members can get interpreter services at no cost by calling the assigned Support Coordinator or the DDD Customer Service Center at 1-844-770-9500 ext. 1 (TTY/TDD 711).
- Fair treatment regardless of race, ethnicity, national origin, religion, gender, age, health, condition (intellectual) or physical, disability, sexual preference, genetic information, or ability to pay.
- Services that respect beliefs, language, and background.

Qualified Vendors are required to maintain policies to outline how they deliver culturally competent services, and they must incorporate an awareness and appreciation of customs, values and beliefs in their assessment, treatment, and interaction with members. The Division's Provider Manual Chapter 26 https://bit.ly/dddppmc26 and each Vendor's policy Manual.

Evaluation of Goals from Previous Year

1. Measure and improve identified Health Equity disparities.
   The main activity to accomplish this goal included conducting a Health Equity assessment for Home and Community Based Services (HCBS) through a contracted consulting firm, which will provide a report of the findings. More importantly, the firm will provide strategies on how to improve the disparities found. Evaluation: The HCBS Disparities Task Order has been awarded to a consulting firm on 9/14/22. The firm has initiated the assessment. DDD is in the process of working closely with the firm to share necessary data, and assist with facilitating employee and member engagement for purposes of this assessment. Milestone 3 and final report are due no later than 3/31/23. DDD will then analyze and implement initiatives to improve disparities based on the findings and strategies recommended. This will be continued in the 2022-2023 plan year.
2. Support members and families across the service delivery system.
   Activities surrounding this goal included the following; 2.1 Fill two new FTE to support implementation of the Cultural Competency and Family Centered Care Program(CCFCCP). 2.2 Measure member/family satisfaction using a Cultural Competency Survey and the supervisor audit tool, and 2.3 Increase the

number of Qualified Vendors self-reporting annual training on Cultural Competency.
Evaluation: The Cultural Competency Manager and Coordinator positions are filled as of 11/14/2022, though later than the initial target date of 09/30/2022 due to the need to hold 5 rounds of interviews for the manager position to identify a viable candidate. 2.2 Supervisor audit and surveys were completed for 3 quarters of FY 22. There were no supervisor audits and surveys for the fourth quarter due to staffing shortages, thus this goal was partially met. 2.3 The percentage of Qualified Vendors reporting that they provide annual training on Cultural Competency to their staff increased from 67% the previous year to 79% in 2022.

3. Ensure use of "disability etiquette" when establishing rapport and working with individuals with developmental disabilities.
   The main activity regarding this goal was to implement a ID/DD standard training for behavioral health providers.
   Evaluation: A project management team was established to monitor progress on this outcome. This goal was partially met. This project is in progress and is being executed under the Division's ARPA plan . For this reason it will not be continued in this plan for next year.
4. Ensure engagement by members, stakeholders, and the public in implementing and revising the plan.
   Activities surrounding this goal included the following; 4.1 Finalize language related to enhanced Cultural Competency and Family Centered Care requirements and Language access in the Qualified Vendor Agreement. 4.2 Post a rate structure in the Division's Rate Book to compensate Qualified Vendors who provide services in non-prevalent languages.
   Evaluation: Both of these activities were completed, the Review of Provider Manual has been completed and posted. Review of DDD Rate Book has been completed and it has been posted. Therefore, this goal was successfully met.

Goals of the 2022-2023 Cultural Competency and Family Centered Care Plan/Language Access Plan

1. Identify future initiatives based on findings and recommendations of Health Equity and Disparities assessment.
   i. Complete HCBS Disparities Assessment
   ii. Review strategies provided in the HCBS Assessment. Identify the most prevalent issue that could be addressed by implementing initiatives.
2. Increase availability of Cultural Competency training resources for Qualified Vendors, specifically related to cultural customs, values, beliefs and language.
   i. Develop informative videos related to cultural customs, values, beliefs and language and make them accessible to Qualified Vendors.
   ii. Research publically available resources regarding cultural competency, select and distribute appropriate resources to Qualified Vendors.
   iii. Present cultural competency training and resources during quarterly meetings with Qualified Vendors.
3. Increase the number of eligible DDD employees receiving bilingual stipend by 10 %.
   i. Initiate a campaign to inform staff and encourage participation in bilingual stipend testing.

ii. Update current processes of gathering data to capture languages used by DDD employees receiving bilingual stipends.

4. Improve and increase Cultural Competency training resources for DDD staff, and increase technical assistance training regarding language access.
   i. Revise current cultural competency training for all DDD staff, and develop new targeted training for Support Coordination.
   ii. Develop technical assistance training regarding language access for all DDD staff, such as appropriate use of interpreters.

Evaluation of Membership

The Division collects and reviews data about member diagnosis, age, race/ethnicity, identified language needs, and other demographics and uses the information to guide the Cultural Competency and Family Centered Care Plan/Language Access Plan.

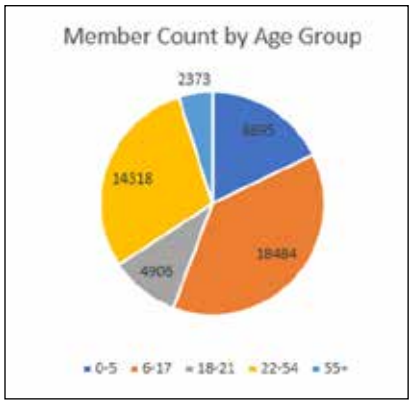
Member Demographic Considerations as of 09/30/2022

Members are identified with the following five (5) primary eligible conditions. Intellectual disability is the largest group followed by Autism. Members "at risk" are under age 6.

Diagnosis	Total Members
At-Risk	12,065
Autism	14,960
Cerebral Palsy	3,511
Epilepsy	1,971
Intellectual Disability	16,269
TOTAL	48,776

The largest age group of the Division's population continues to be birth to 21 years of age, which is why family engagement is critical to successful outcomes for these members.

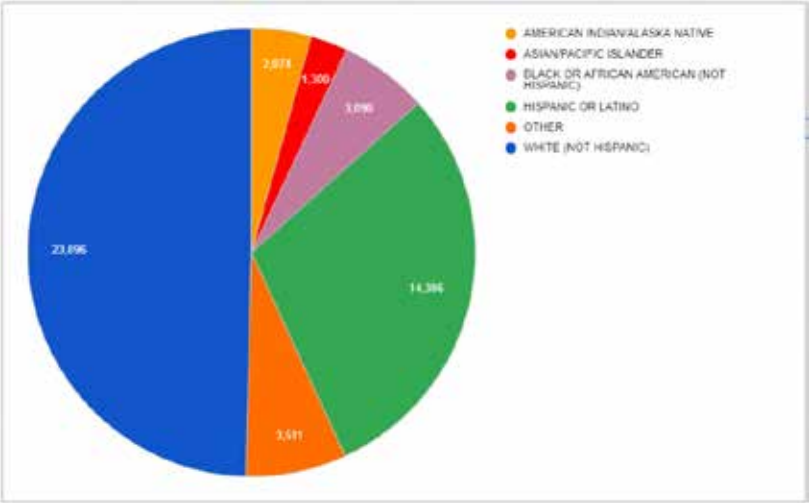
Members by Age	Total Members
0-5	8,695
6-17	18,484
18-21	4,906
22-54	14,318
55+	2,373
Grand Total	48,776



The Division's ethnic membership breaks down as follows:

- White Non-Hispanic (50%)
- Hispanic or Latino (30%)
- Black or African American (Non-Hispanic) (6%)
- American Indian/Alaska Native (4%)

- Asian/Pacific Islander (3%)
- Other/Unknown (7%)



The Division tracks the ethnic diversity of its members as compared to all Division staff, and Arizona's statewide population, as depicted in the table below:

Ethnicity	Asian	Black or African American	White, Not Hispanic	Hispanic	American Indian	Other
DDD Membership (48,776)	3%	6%	50%	30%	4%	7%
DDD Staff (2,224)	2%	11%	39%	27%	2%	19%
Statewide Population (7.276,316)	3%	5%	53%	32%	5%	2%

The Division's membership generally reflects Arizona's population with slightly lower White (Non-Hispanic) representation for DDD membership as compared to Arizona's population. The composition of the Division's staff is slightly under-represented for American Indian, significantly under-represented for White (Non-Hispanic), and somewhat over-represented in Black/African American DDD employees as compared to the Division's membership. However, 61% of DDD employees are self-reported as some other ethnicity than White (Non-Hispanic). The Division maintained its growth trend with membership increasing by 5% in the 2021-2022 plan year.

Language Access

The Division tracks the languages that members use and identifies those with Limited English Proficiency (LEP). The predominant primary language of the Division's members is English with 86.52% (42,199) members, followed by Spanish and Navajo. The Division tracks the languages of members in its Focus database. For 2021-2022, the Division documented a total of 13.5% of members (6,577) who identified as non- English speakers or who had an unknown/unspecific designation. Of these, 87% (5,721) identified Spanish as their primary language, 3.2% Navajo (211), 1.8 % Arabic (119), and 1% American Sign Language (73). In 2020 DDD had 6,516 LEP members, and 6,138 LEP members in 2019. During both years, about 86%-87% were Spanish speakers. Refer to the following table for data on the number of members who identified a language other than English as their primary language, including a breakdown of percentage per language.

MEMBER LANGUAGE	ATPC	CENTRAL	EAST	EIU	NORTH	SOUTH	WEST	Grand Total	% OF TOTAL
ENGLISH	51	8,258	10,652	3,684	2,528	7,301	9,725	42,199	86.52%
SPANISH	-	1,462	694	159	332	1,404	1,670	5,721	11.73%
NAVAJO	-	11	8	180	-	1	11	211	0.43%
OTHER	-	51	16	12	10	34	29	152	0.31%
ARABIC	-	25	14	-	3	11	66	119	0.24%
AMERICAN SIGN LANGUAGE	-	15	20	9	-	14	15	73	0.15%
VIETNAMESE	-	11	18	2	2	4	11	48	0.10%
SWAHILI	-	11	-	1	1	5	8	26	0.05%
FARSI	-	11	3	-	1	3	7	25	0.05%
UNKNOWN/	-	10	-	-	-	4	7	21	0.05%
UNSPECIFIED	-	2	3	13	-	4	3	25	0.05%
SOMALI	-	16	2	1	-	2	-	21	0.04%
FRENCH	-	4	3	-	4	3	5	19	0.04%
ALBANIAN	-	2	5	1	-	5	2	15	0.03%
DUTCH	-	1	3	1	-	1	4	10	0.02%
CANTONESE	-	3	2	-	-	-	4	9	0.02%
MANDARIN	-	3	3	1	-	1	1	9	0.02%
CHINESE	-	4	3		-	1	-	8	0.02%
CROATIAN	-	2	1	2	-	1	2	8	0.02%
HINDI	-	2	1	-	4	-	1	8	0.02%
RUSSIAN	-	1	3	-	1	-	3	8	0.02%
SIGN EXACT	-	3	2	-	-	-	1	6	0.01%
ENGLISH	-	1	-	1	-	3	3	8	0.02%
GREEK	-	-	1	1	-	4	-	6	0.01%
NATIVE AMERICAN	-	2	1	3	-	-	-	6	0.01%
FILIPINO	-	3	1	1	-	-	-	5	0.01%
ROMANIAN	-	1	-	-	-	-	4	5	0.01%
KOREAN	-	1	2	-	-	-	1	4	0.01%
TAGALOG	-	1	1	-	-	1	1	4	0.01%
AMHARIC	-	-	-	1	-	1	1	3	0.01%
BOSNIAN	-	3	-	-	-	-	-	3	0.01%
JAPANESE	-	1	1	1	-	-	-	3	0.01%
APACHE	-	-	1	1	-	-	-	2	0.00%
HOPI	-	-	-	2	-	-	-	2	0.00%
INDIAN (INDIA)	-	2	-	-	-	-	-	2	0.00%
SERBIAN	-	2	-	-	-	-	-	2	0.00%
TOHONO O'ODHAM	-	-	-	1	-	1	-	2	0.00%
BRAILLE	-	1	-	-	-	-	-	1	0.00%
ITALIAN	-	-	-	-	-	1	-	1	0.00%

MEMBER LANGUAGE	ATPC	CENTRAL	EAST	EIU	NORTH	SOUTH	WEST	Grand Total	% OF TOTAL
KHMER	-	1	-	-	-	-	-	1	0.00%
KISWAHILI	-	-	-	-	-	-	1	1	0.00%
PORTUGUESE	-	1	-	-	-	-	-	1	0.00%
Grand Total	**51**	**9,914**	**11,462**	**4,078**	**2,886**	**8,806**	**11,578**	**48,776**	**100%**

Upon intake, which is the initial point of contact, each member is asked for their primary language. This information is entered into the Division's Focus system. The Eligibility Specialist will advise the member that oral and written interpretation services are available at no cost. The members or guardian/responsible person are provided a copy of the ALTCS Member handbook which provides information about how to access language services and auxiliary aids and services. The member's needs for interpretation are communicated to the Support Coordinator so if interpretation services are required, they can be scheduled for in-person meetings ahead of time. Spanish-speaking members are usually assigned to Spanish-speaking staff, whenever possible. In addition, members who live on Navajo Tribal Land, are generally assigned to a Support Coordinator who is employed by the Navajo Nation through its Tribal Social Services program using the IGA. For all other languages, interpreters are scheduled to interpret at all planning meetings. The Division ensures that interpreters used are qualified to provide the service and understand interpreter ethics and member confidentiality needs as specified in 45 CFR 92.4 by using the State of Arizona procured contract that all state agencies may use (ADSPO18-00008136 Statewide Foreign Language Interpretation and Translation Services). This contract requires the following:

- Standard Personnel Behavior Policies – The Contractor and assigned personnel shall conform in all respects to the applicable work policies, standards, procedures, rules and regulation of the Eligible Agencies for which services are performed. The Contractor shall have policies in place concerning code of ethics/code of conduct for interpreters to follow. Contractor must be able to provide any applicable policies, as requested by an eligible agency, within ten (10) business days.
- All Contractors providing translating services shall comply with the American Translators Association Code of Ethics and Professional Practice (https://atanet.org/governance/code_of_ethics.php)
- For services provided in a health care setting, the Contractor and assigned personnel shall follow the National Standards of Practice for Interpreters in Health Care issued by the National Council on Interpreting in Health Care (http://www.ncihc.org/ethics-and-standards-of-practice).

The Department of Economic Security maintains policies that prohibit discrimination and establish agency standards to deliver services to Arizonans with Limited English Proficiency that all DES Divisions must follow, https://des.az.gov/DES-Non-Discrimination-Policy. For members with limited reading skills, the Support Coordinator is available to review the PCSP document with the member to ensure they know what is in the plan and strive to write the document in easy to understand plain language.

In addition, all offices have signage, and all reception staff are trained to call the Language Line for immediate translation if the member who is LEP walks into an office. The member can point to the language they speak, and the Language Line has translators on the phone within minutes. The PCSP also includes the following tagline: *Equal Opportunity Employer / Program Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1. Disponible en español en línea o en la oficina local.*

The Division and its subcontractors are required to translate all written notices informing the member of their right to interpretation and translation services and that this is available at no charge to the member. This notification is currently sent in English and Spanish. The Division maintains all member documents and forms translated in Spanish. This includes member information, brochures, booklets, and forms received by the member. The Division provides and coordinates linguistic and disability-related services, by translating all materials, documents and communications into other languages as needed for our members, by providing professional interpretation services and ensuring that all vital materials are made available in the prevalent Non-English languages. All written materials for members shall be translated into Spanish. Translated documents include but are not limited to: Notices of Action, consent forms, member handbooks, announcements, Planning Document, Positive Behavioral Support training curriculum for delivery by staff and provider trainers, and other important publications. The Spanish documents are reviewed on a regular basis and at last review all documents were found to be current. All documents created are maintained at a 6th grade reading level. The Division uses multilingual taglines and statements on forms and member information materials. Please see attachments to this plan for examples. The DES DDD website also has a specific link to Language Assistance which includes multilingual taglines: https://des.az.gov/services/disabilities/developmental-disabilities/language-assistance. In addition the following statement is printed in English and Spanish on all member communication; *Call the DDD Customer Service Center at 1-844-770-9500 ext. 1, TTY/TDD 711, to ask for this material in other formats. Language help is available at no cost to you.*

All DES Webpages carry the following atatement: *Pursuant to Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA) and other nondiscrimination laws and authorities, ADES does not discriminate on the basis of race, color, national origin, sex, age, or disability. Persons that require a reasonable modification based on language or disability should submit a request as early as possible to ensure the State has an opportunity to address the modification. The process for requesting a reasonable modification can be found at Equal Opportunity and Reasonable Modification.*

The Division has professional contracts for interpreter and translation services in all areas of the state, and a process for staff to quickly access language services for members with LEP when staff are not available who can speak the primary language of the member/family. In CY 2021, 1,695 members utilized at least one form of interpreting or translation service. The number has decreased by 4% since 2020. This number does not account for any staff now providing interpretation services. This number only reflects the number of members served by contracted interpretation/translation agencies. The total number of paid interpretation and translation services without removing duplicate member names was 4,506. The annual cost for contracted interpretation and translation services for 2021 was $596,263. The annual cost for 2020 was $374,006. This data shows that there was an increase of 34% in expenses from CY 2020 to CY 2021. Costs continue to be mitigated through the Bilingual Stipend Program. The Division operates a Bilingual Stipend program, which pays state employees who are proficient in a second language a yearly stipend to conduct staff responsibilities in the primary language of members and their families. When Support Coordinator positions are posted, being bilingual is listed as a selective preference.

Currently 145 employees receive this stipend which is a 3.3% decrease from CYE 21 (150 employees). This program has been a successful way for the Division to further emphasize commitment to Cultural Competency and create a better capacity to support members' language needs. One of the goals set for next year's plan relates to increasing the number of employees receiving the stipend.

The Division received eleven (11) total grievances this plan year about language access. All were resolved to the member's satisfaction within required timeframes. See Grievances and Complaints section of this plan for detailed information.

The Division stresses the importance of being a culturally competent agency by promoting adherence to LEP requirements. See Division Staff Training section of this document.

Measuring Network, Outreach Services, and Other Programs

The Division measures its network, outreach services, and other programs to improve accessibility and quality of care for its membership by evaluating data as outlined in the table below. These measures are used to coordinate and provide linguistic and disability-related services and improve access to care and make systemic changes as necessary.

Data	Description	Frequency
Member Demographics	Reporting from data collected and updated in the Focus system for each member at intake and/ or during planning meetings.	Annually
Member LEP and Primary Language	Reporting from data collected and updated in the Focus system for each member at intake and/ or during planning meetings.	Annually
Use of Interpreter Services	Data collected from claims paid for interpretation and translation services in the plan year.	Annually
Diversity of Division Staff	Reporting from self-report for employees, collected in the HR system at hire.	Annually
Diversity of Provider Staff	Reported in the Qualified Vendor Survey	Bi-Annually
Provider Directory	Online directory special accommodations and language accessibility	Annually
Review of Grievances And Appeals And Data In The Division's Resolution System (RS)	Documented grievances in the Resolution System coded for languages and diversity issues	Monthly
Member Surveys	Data collected from member case file audits conducted by Support Coordination Supervisors.	Monthly
Provider Surveys	Survey targeted to Qualified Vendors to gauge Cultural Competency compliance.	Bi-Annually
Network Sufficiency	Unassigned authorization reports and vendor call report from Focus.	Daily/Weekly
Vendor and Provider Forums	Standing agenda item includes Cultural Competency.	Quarterly
Stakeholder Meetings	DDD Town Hall	Monthly
Stakeholder Input	Independent Oversight Committee (IOC)	Monthly
Stakeholder Input	Developmental Disabilities Advisory Council (DDAC)	Quarterly
Stakeholder Input	Raising Special Kids The Arc of Arizona	Monthly

Data	Description	Frequency
Stakeholder Input	Arizona Developmental Disabilities Advisory Council (ADDPC)	Quarterly

The Division maintains and develops the provider network with consideration of the unique characteristics of the population it serves. The Division evaluates its provider network and services to assure accessibility and quality of care to members. The Division requires contracted providers and subcontractors to provide standards of services that are "culturally relevant and linguistically appropriate" to the population served.

The Division's process for matching members who need Home and Community Based Services (HCBS) to Qualified Vendors and providers includes identifying the members' values, preferences, strengths and needs including the cultural and language needs the members and families have. These are used to guide in the referral/vendor call and service delivery. As part of our commitment to provide culturally and linguistically appropriate services, the Division's Pre-Service Provider Orientation form has been updated to include the language, cultural preferences, gender/identity of members, and language and cultural preference of their guardian or responsible person. This enhancement provides members the opportunity to share any cultural aspects that providers must consider during the delivery of services. In addition, the Division's paper and online directories include information about language capabilities of Qualified Vendors and providers along with available accommodations that the vendor provides to ensure member accessibility for their specific needs. The Division's contracted Health Plans also provide information in their provider directories to assist members in making choices in providers.

Health Equity Within HCBS

DDD has procured a consulting firm to research and recommend strategies to develop and/or improve equity-based performance metrics for individuals with I/DD in all Geographics Service Areas (GSAs). It is anticipated that this very specific aspect of health equity work will coordinate with the broader health equity work that is being conducted by AHCCCS. DDD is specifically interested in conducting equity and disparities studies to identify populations that are underserved within HCBS due to factors such as eligibility requirements or policy limitations. Additionally, this effort will assess the impacts of stigma associated with I/DD as well as conscious and unconscious biases that providers may be working through as they deliver services to members living with these disabilities. It is expected that DDD will also utilize the consultant to complete an internal evaluation of DDD. The initial evaluation work is anticipated to lead to implementation of recommendations to improve program and service access and address disparities in care between populations. It is expected that the recommendations will range from policy updates and data collection proposals to broader systemic redesign efforts and opportunities for staff, provider, and community-based training. It is one of the goals of this plan to implement initiatives upon reviewing the finding of this assessment. Please see Appendix C, Cultural Competency and Family Centered Care Plan/Language Access Work Plan for details.

The Division currently employs a Tribal Health Coordinator whose role is to provide oversight and monitoring of the utilization of physical and behavioral health services by the Division's American Indian/Alaskan Native member population. This position worked as the project lead for the Division's integration with AHCCCS Division of Fee-For-Service-Management (DFSM). This project focused on the successful transition of processing prior authorizations and claims via the AHCCCS Online Provider Portal for the Division's fee-for-service program, Tribal Health Program, for all acute physical and behavioral health services for THP members,

including those with Children's Rehabilitative Services (CRS) and Serious Mental Illness (SMI) designations. In addition, this coordinator works with AHCCCS DFSM and the DDD Health Plans to deliver information and material to Division Fee-for-Service and Health Care Services staff that increases the knowledge base of existing employees and coordinates with Tribal health leaders/liaisons, member concerns, provider concerns and any other item impacting appropriate service access for tribal members. There were four collaborative staff meetings with the TRBHAs in FY 21-22 and the Division continues to present Division update information at the AHCCCS Quarterly TRBHA meetings.

The Division employs a Tribal Nurse Liaison. This position works closely with the Tribal Coordinator as advocates for the American Indian/Alaskan Native communities and is committed to eliminating health disparities for this population in conjunction with Arizona stakeholders including other government agencies and community partners.

Communicating with Stakeholders and Other Organizations

The Division's process for communicating progress in implementing and sustaining its Cultural Competency and Family Centered Care Plan/Language Access Plan to members, stakeholders and the public is via:

- Posting of the plan and resources on the Division's website.
- Vendor Communication.
- Policy notification and the public comment process in policy development that impacts members and families.
- Cultural Competency as a standing agenda item for all vendor/provider meetings.
- Member newsletters.

The Division also participates in three state focused groups related to Cultural Competency.

The first group is the statewide Cultural Competency Coalition (C3) group, which is composed of Arizona Managed Care Plans. The C3 members are from AHCCCS Health Plans and AHCCCS Program Contractors working together to build consistent message tools and practices to help the provider community deliver services in a culturally competent manner, which includes hosting an annual conference. In August of 2022 the C3 Annual Cultural Competency Conference was held with over 300 people in virtual attendance from all around the state. This committee is dedicated to developing cultural competency and health literacy within the common provider network.

The second group is the Community of Practice (CoP) on Cultural and Linguistic Competence in Developmental Disabilities which has been facilitated by the Georgetown University National Center for Cultural Competence. The goal of the CoP is to increase the number, diversity, and capacity of formal and informal leaders to transform their state/territorial developmental disabilities systems. This team, including state agencies, advocacy organizations and other stakeholders, developed recommendations for improved access to services. The results of this assessment were used to inform additional action items undertaken by the Division in 2020-2021 and the work plan for CYE 2021. Though the grant was completed in 2021, the Arizona participants have determined that this group will continue activities through the next plan year. The group has met to reconvene and discuss next steps.

The third group is The National Association of State Directors of Developmental Disabilities Services

(NASDDDS). Its mission is to assist member state agencies in building person-centered systems of services and support for people with intellectual and developmental disabilities and their families. As a member, Arizona has participated in the Equity, Diversity, and Inclusion: State Round Table Series, sharing ideas and best practices with national partners. In June of 2022, DDD participated in the NASDDDS national conference, where issues affecting different states were discussed. DDD recognizes the opportunity to collaborate with other states to identify solutions to some of the issues discussed.

DDD has a designated Tribal Liaison (in OIFA) who works with the other ADES Tribal Liaisons to facilitate effective working relationships with the twenty-two (22) federally recognized Arizona tribes. The role of the DDD Tribal Liaison is to conduct Tribal outreach and engagement and serve as a representative of the Division. The Liaison provides feedback to the Tribal Relations Manager so that issues can be addressed and resolved for tribal members. Moreover, the Tribal Liaison can assist with individual cases involving tribal members. The DDD Tribal Liaison tracks voluntary tribal affiliation so that data can be shared with the tribal governments and DDD for planning purposes to advocate for the physical and behavioral health needs of all DDD Tribal members, especially those in underserved, rural areas of the state.

The Division also provides notification to all the tribes of all policy changes when the Division sends information to members, however this process could be improved where members live in more rural locations. Outreach included visits to individual tribal nations, joint presentations, and facilitation of inquiries from both DDD and the tribes.

From October 1, 2021 through September 30, 2022, DES/DDD staff participated in the following tribal activities:

- Twenty three (23) virtual tribal communication meetings
- One (1) virtual Tribal Consultation
- Four (4) Tribal Informational Forums and provided DDD specific information to the tribes and tribal partners serving the DDD tribal members as well as information regarding the DDD AIHP Integration.
- One (1) Tribal Leader Training on DES services (Conducted in person).

DDD has an Intergovernmental Agreement with the Navajo Nation Division of Social Services to provide comprehensive case management for DDD ALTCS members who reside on the Navajo Nation. The comprehensive case management duties are the same as a DDD Support Coordinator. The contracted unit served an average of 118 members of the Navajo Nation per month during FY 2022.

Under contract with the Division, Raising Special Kids and Ability 360 provide training to members and families on self-advocacy and self-determination. Select trainings are held in English and Spanish. Raising Special Kids has a bilingual homepage and offers some training and workshop opportunities in Spanish. The overall themes of the training and workshops are self/family advocacy, planning for transitions (i.e., preschool to kindergarten, school to employment) planning documents (e.g., IFSP, IEP), behavior support, and collaboration.

DDD holds monthly Town Hall meetings for members, families and other stakeholders to offer information and seek feedback for system improvements. DDD offers interpreters upon request for all outreach efforts. DDD participates in family group meetings and the Office of Individual and Family Affairs (OIFA) has dedicated Behavioral Health Advocates to participate in various member meetings and offer family support.

This year the Division continued to engage the Arizona Commission for the Deaf and Hard of Hearing (ACDHH) to collaborate on ways that the Division could better support members and families who are deaf and hard of hearing. The Commission presented to Division staff and qualified vendors and has provided public comment to policy and draft contract language. Additionally, they have provided resources used to support specific members and etiquette for public facing meetings. Based on this feedback, the Division has increased the interpretation provided at Division sponsored public facing meetings. It is the intent of the Division to continue working closely and collaboratively with ACDHH.

DDD's Community outreach and engagement team, housed in OIFA, makes efforts to ensure all Arizonans receive the appropriate information and support through the Division by way of contracted providers such as Language Connection and the Language Connect Hotline, use of bilingual educators, and other school personnel, at various community events. The outreach and engagement team makes it a priority to have printed materials available at each event in both English and Spanish. This team connects to community members of various cultural backgrounds, such as the National Association for the Advancement of Colored People (NAACP), Grupo de Apoyo para Niños Especiales (GANE), One N Ten and by proxy the LGBTQ+ community, and other like organizations for minority community engagement and equal information distribution. The engagement also collaborates with disability specific organizations such as with the Autistic advocacy community and other community partners. The Office of Individual and Family Affairs houses a Community Outreach Log, which tracks community engagement activities by all DDD functional areas.

Community Health Assets

The DDD Affordable Housing Unit has bilingual staff who can assist our members and families with translation, for both Spanish and sign language. DDD staff also have access to interpretation services for any other languages needed. When housing staff are made aware of the need for accommodations to assist members and families in obtaining affordable housing, accommodations are offered. DDD housing staff participate in Cultural Competency training offered by the Division. Through these training, DDD staff can address the needs and choices of members with different cultural backgrounds and languages.

The results of the Division's community health assessments are utilized for planning, implementation, and assistance of providers in different ways through our practices. Support Coordinators, as part of the Person-Centered Planning Process (PCSP) connect members and families to community resources to help support health, social and wellness for each member. The Department of Economic Security has developed and maintains a list of community assets via a searchable community resource guide on its webpage that can be used in English and Spanish, https://des.az.gov/services/child-and-family/community-resources. The Division also maintains community health and resources information online for general resources as well as local, state, and national groups that support members and their families, including resources for refugees and their families. Many resources can assist with day-to-day tasks and other services that may not be covered by the Division. This is especially important for members who are not ALTCS eligible and are DDD-Only or Targeted Support Coordination (TSC). Links and/or contact information is available for organizations specializing in behavioral health & substance abuse, resources for members with Autism, assistance for parents, family members and caregivers, independent living, employment, transportation, respite and more. Support Coordinators share these with resources with members and families who may benefit from additional

resources. In addition, these resources are shared with Qualified Vendors of HCBS services through vendor communication and provider meetings as well as being publically available on the Division's website. These resources help providers in providing information to or coordinating services for members that respond to the cultural and linguistic diversity of the members they serve.

Division Subcontracted Health Plans

The Division holds contracts with two health plans to provide physical and behavioral health services and limited Long Term Services and Supports (LTSS) to members throughout the state. The Division's subcontracted health plans are:

- Mercy Care Plan
- United Health Care Community Plan

The Division has processes for ensuring subcontractors understand and comply with their obligations under civil rights statutes and regulations enforced by AHCCCS related to language access. Specifically [42 CFR 457.1230(a), 42 CFR 438.206(c)(2)]. The Division and its subcontractors are required to make members aware that translation/interpretation services are available per the AHCCCS ACOM 405. This service must be provided at no cost to members. The Division requires that its subcontractors have a written Cultural Competency and Family Centered Care Plan/Language Access Plan that describes the organization's program. This is outlined in Division's contract with each plan and states, "The Contractor shall participate in the Division's efforts to promote, and shall implement a program that promotes, the delivery of services in a culturally competent manner to all members, including those with LEP and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity and meets the requirements of the AdSS Operations Manual, Policy 405 [42 CFR 457.1230(a), 42 CFR 438.206(c)(2)]. The Contractor shall annually develop and implement a Cultural Competency Plan and a Language Access Plan, which meets the requirements of the AdSS Operations Manual, Policy 405. The Language Access Plan must indicate how the needs of members with LEP are met. An annual assessment must include the effectiveness of both Plans, along with any modifications that were made. Both Plans must be submitted as specified in Section F, Exhibit F3, Contractor Chart of Deliverables."

The Division provides and coordinates linguistic and disability-related services by requiring its subcontractors to translate all written notices informing the members of their right to interpretation and translation services and by requiring subcontractors to translate all materials, documents, and communications into other languages. All member information materials include taglines in the Prevalent Non-English languages in Arizona and include large print (font size of at least 18 point) explaining the availability of written translation or oral interpretation services with their toll-free and TTY/TDY telephone numbers for Member Services. All vital materials must be made available in the Prevalent Non-English languages spoken for each LEP population in their service areas. All written materials for Members shall be translated into Spanish regardless of whether the material is vital.

The DDD Health Plans are required to ensure that ethnic, racial, cultural, geographic, social, spiritual and economic diversity is recognized across all members and their families. The Cultural Competency and Family Centered Care Plan/Language Access Plan must outline the policies and procedures created to support the medical, behavioral, educational, emotional, environmental, and financial needs of members and their families. The CCP must include data about the availability of service systems and personnel to support the

family's role as decision makers; this includes collaboration among families and health care providers at all levels.

The Division evaluated the subcontracted health plans' Cultural Competency Plans based on the following:

- Metrics the organization uses to ensure cultural competency
- Analysis of the metric results
- Member complaint data related to cultural competency
- CCP goals for the coming year
- An analysis of the previous year's CCP
- Tracking and trending of identified issues
- Actions taken for resolution of identified issues
- Whether the CCP was revised as a result of the identified issues
- How the CCP address additional/ongoing training and assistance to providers
- The method for evaluating the cultural diversity of its membership to assess needs and priorities
- Utilization review of interpretation services
- Whether the CCP training fits the diversity needs of staff that have contact with members
- All requirements outlined in the ACOM policy 405 Attachment A.

Mercy Care Plan

Mercy Care's comprehensive cultural competency program is delivered in a culturally competent manner inclusive of those with Limited English Proficiency (LEP) and the comprehensive health of its members and families, including circumstances that impact their well-being, with special consideration for the underserved and those with complex health needs regardless of race, color, religion, ethnicity, national origin, sex, sexual orientation, gender identity, age or disability. Mercy Care expects all providers to check for education/knowledge and monitor for non-compliance through the member complaint and grievance process.

To maintain a culturally competent organization, Mercy Care's Cultural Competency Office collaborates with other departments to provide quality training and learning opportunities for its colleagues, provider workforce, and the community. These opportunities support implementing culturally and linguistically responsive care throughout the system. Mercy Care colleagues and Provider Workforce may work with the Cultural Competency office as well as the Office of Individual and Family Affairs. Staff can attend brown bags and webinars. New staff are required to take certain courses and maintain an annual cadence. Courses include Striving for Health Equity, Culture Care and You. Webinars and other training opportunities are customized to the system's needs. Mercy Care also plans and sponsors events such as Arizona Health Equity Conference, Annual Cultural Competency Committee (C3) Conference, Let's Get Better Together and the Cesar Chavez Annual Conference.

On an annual basis, Mercy Care completes an assessment related to the needs and characteristics of the member population that includes age distribution; gender; top diagnoses; readmission rates; and specific needs of children and adolescents, individuals with disabilities and members identified with serious and persistent mental illness. It is conducted at the plan level by a cross section of departments including medical management, analytics team, and quality management staff. The plan staff will annually review and update the ICM processes and resources to address member needs and identify any opportunities for improvement.

Mercy Care's comprehensive quality performance management system connects multiple data inputs, such as its health equities dashboard, to identify care needs and utilization patterns, and allows for comprehensive data sharing with provider partners. Its advanced evaluation and data analysis focuses on identifying gaps in care through utilization review; race, ethnicity, language, and disability data; HEDIS outcomes compared to national benchmarks; grievances and appeals (e.g., trends and physician profiling trend reports); and data from the Arizona HIE, Health Current. Additionally, Mercy Care collects information and member feedback using comprehensive member screenings and assessments, stakeholder dialogue through Mercy Care's Member Advisory Committee and Advisory Council meetings, and listening sessions from members and providers, as well as provider satisfaction surveys. Mercy Care assesses opportunities for the health and well-being of its members by collection of data, conducting root cause analysis, and implementation of the Plan-Do-Study-Act (PDSA) cycle. Mercy Care compares indicators of its members' utilization, outcomes, and experiences to established State and national benchmarks at the individual and population level to identify concerns that may arise from specific providers, communities, and cultural group norms. As disparities are identified, Mercy Care identifies and implements interventions and outreach programs to address those disparities and evaluates the effectiveness of these interventions through quarterly data review.

Mercy Care collaborates with their members, providers, and stakeholders to create long-term strategies and innovative solutions for improving the quality of their members' lives. Mercy Care gathers member feedback through satisfaction surveys, community conversations, focus groups, and through OIFA's team of advocates who work with the member to navigate the system. These efforts (e.g., feedback on prevention efforts and Language Access Services) have assisted with engaging and improving services that better meet members' needs. Mercy Care supports and collaborates by sharing member feedback with the AHCCCS Health Equity Committee in its efforts to understand disparities and develop and implement strategies to increase health equity. Mercy Care participates in the Maricopa County Continuum of Care (CoC) Board, Committee, Data Subcommittee, Coordinated Entry Subcommittee, and several workgroups.

On an annual basis, Mercy Care completes a population assessment in which they evaluate their members, integrating a range of data sources, systems, care sites and domains to identify member populations and subpopulations, understand their care needs and operate programs designed to help those in need. Mercy Care captures data on race and ethnicity during member health risk assessments as well as in their Health Care Equity (HCE) Dashboard to identify members at high risk of adverse outcomes or with gaps in care. The dashboard presents plan-specific actionable data on disparities, including a HEDIS compliance heat map, which shows a geographic distribution of the rates that can be filtered by HEDIS measure, HEDIS sub-measure, plan, rate group, age, gender, race/ethnicity, county, and language. This is used to identify groups that may benefit from targeted outreach based on their HEDIS rates. Mercy Care also partners with local providers. Their processes are grounded in trauma-informed care (TIC) and approaches, culturally and linguistically appropriate services, and recovery principles that guide their service delivery model.

To assist members in achieving health equity, it is important to identify the root causes of health inequities and health disparities which are referred to as social determinants of health (SDOH). Mercy Cares efforts are aligned with that focus on addressing social factors that impact member health. Evaluation of the SDOH is an ongoing relational process to ensure all members have equal access to benefits and services in a way that acknowledges their values/preferences and overcomes social, cultural and geographical barriers. Mercy Care shares information regarding member SDOH needs with providers. The report is currently available to providers who can see in the system the proportion of claims with at least one SDOH code over a recent

24-month period. In addition, the report shows the prevalence of these codes submitted so that providers can track this over time.

Mercy Care's community investment activities are another way they address health disparities. For example, for food insecurity they built community gardens at local schools in Maryvale and taught local community members to become master gardeners to sustain the garden beds over time. Mercy Care is also the Maricopa County funder for Pinnacle Prevention's Double Up Food Bucks Program, which provides a 1:1 match in Supplemental Nutrition Assistance Program purchases for Arizona grown fruits and vegetables at mobile markets, farmers markets and farm stands.

Mercy Care recognizes that a member's family and friends help to support a member's well-being in health care as it relates to making decisions and seeking care. Mercy Care ensures that members guide their treatment planning, and family members and natural supports are encouraged to be involved in treatment planning to assist the member in making person-centered decisions. Families are essential for members' health and well-being and are crucial allies for quality within the service delivery system.

Mercy Care works to facilitate collaboration between health care providers and policymakers with members and families through the involvement of members and families on committees, workgroups, community listening sessions, and advisory councils. By having members and families in the meetings where decisions are made, Mercy Care's system develops, implements, and evaluates programs from a member and family centered perspective, which improves care of the member and creates member and family guided policies. Through encouraging member and family voice in decision making at all levels from service delivery all the way up to policy, Mercy Care promotes the exchange of unbiased information between members, families, and health care professionals in a supportive manner. However, there is continued effort that takes place to promote the recognition that all families have cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality. Mercy Care works to promote health equity through community engagement events, such as listening sessions, dialogues from professionals within the community, and presentations at Mercy Care's annual Connections Conference.

Review of Mercy Care's goals for FY 2022.

1. Improve and support cultural and linguistic competency in the health care system

   Mercy Cares workforce recorded 619 completions of the training Striving for Health Equity. This was an increase of 335%. Mercy Care has fully transitioned from its old curriculum to its current Cultural Competency training requirement. AzAHP had 30131 completions of the Cultural Competency in Healthcare training. It also had 124 completions of the Culture, Care and You training. Mercy Care conducted an annual provider conference virtually where one of the topics was Cultural Competency. Mercy Care planned and sponsored events such as the Arizona Health Equity Conference, the annual Cultural Competency Committee (C3) Conference.

2. Improve access and quality of services for members with Limited English Proficiency (LEP), including individuals who are deaf and hard of hearing

   During this reporting period, approximately 274 unique members received language services, an increase of 37% compared to last year's utilization. The top three languages served through Scheduled

Services (language vendors) were Spanish (72%), Arabic (13%) and American Sign Language (6%). On-Demand Services top languages were Spanish (69%), Arabic (8%) and Swahili (3%). The main language served through Qualified Bilingual Staff is Spanish (99%). Spanish is the main language utilized overall among Mercy Care Members. There were 2,845 members served among Mercy Care contracted providers Qualified Bilingual Staff, of which 433 members (15%) were with the DDD health plan. DDD members' language needs were served predominantly at provider sites through qualified bilingual staff. While the overall number of members served through vendors decreased this reporting period, members served under DDD increased in utilization. It's believed as the restrictions and precautions around COVID-19 lifted, members engaged in their appointments in person. There are a few factors to consider regarding the overall decrease in members served through language vendors: provider education, telehealth as a continuous option, and system change. Provider education is a continuous effort to ensure quality and effective services to our members. Mercy Care launched a scheduling portal, Interact, to address requests for interpretation services. Referrals for interpretive service vendors are managed through Mercy Care Member Services.

3. Reduce disparities related to completion of Annual Dental Visits that exist for MC DDD members age 19-20. By December 31, 2022, MC DDD will increase the rate of compliance for members aged 15-18 & 19-20 with Annual Dental Visits, as defined by the NCQA HEDIS® measure.

   Mercy Care identified a statistically significant disparity in the rate of annual dental visits for members age 15-18 (52.42%), 19-20 (45.43%) and who reside in Pima (49.59%) and Cochise (43.42%) county as compared to the total measure membership of age 2-20 (55.06%). In the previous year's plan the data reported was members aged 15-18 (44.8%) and aged 19-20 (43.6%) as compared to the total measure membership of age 2-20 (48.9%) This is an improvement on the measure from the previous year's plan.

4. Reduce disparities related to completion of mammograms to screen for Breast Cancer by Alaskan/ AmericanIndian/NativeAmericans. By December 31, 2022, MC DDD will increase the rate of compliance for Alaskan/American Indian/Native American members who receive mammograms to screen for Breast Cancer, as defined by the NCQA HEDIS® measure.

   In the previous years plan it was reported mammograms to screen for breast cancer for Alaskan/ American Indian/Native American members was (11.1%) as compared to Caucasian members (36.6%). Mercy Care is coordinating a collaboration with Native Health to improve targeted health disparity measurements (annual mammogram, well child visits, dental visits and cervical cancer screenings) for Mercy Care membership served by Native Health. Results are pending.

5. Reduce disparities related to completion of Annual Well Child Visits that exist for MC DDD members ages 18-21. By December 31, 2022, MCDDD will increase the rate of compliance for members age18-21with Annual Well Child Visits, as defined by the ca HEDIS® measure.

   Mercy Care identified a statistically significant disparity in the rate of annual well child visits for members aged 18-21 (43.51%) as compared to members aged 3-17 (55.17%). This is an improvement from the previous year. Results reported were annual well child visits age 18-21 (43.1%) as compared to

members age 3-17 (52.5%).

Although there were some measurable improvements, Mercy Care will continue to review how they can build a more equitable organization. The following goals and objectives have been established for the 2023 Cultural Competency Plan:

1. Improve and support cultural and linguistic competency in the healthcare system
    a. At least 80% of new hire workforce who have direct contact with Mercy Care members will be trained in the required training within the first 90 days.
    b. At least 80% of existing workforce who have direct contact with Mercy Care members will be trained within the specified timeframe.
2. Improve access and quality of services for members with Limited English Proficiency (LEP), including individuals who are deaf and hard of hearing.
    a. Fulfill 100% of translation requests from members to Mercy Care for vital and non-vital materials in prevalent non-English languages.
    b. Maintain 100% of Qualified Bilingual Staff from the previous year.
3. By December 31, 2023 Mercy Care DDD will increase the rate of Compliance for members age 15-18, 19-20 and members who reside in Pima and Cochise county with Annual Dental Visits, as defined by the NCQA HEDIS® measure.
4. By December 31, 2023 MC DDD will increase the rate of compliance for members age 18-21 with Annual Well Child Visits, as defined by the NCQA HEDIS® measure

Mercy Care Language Access Plan

In addition to the Cultural Competency Plan, Mercy Care has a Language Access Plan. It outlines Mercy Care and their subcontracted providers adherence to Title VI of the Civil RIght Acts, Prohibition against National Origin Discrimination, Presidents Executive Order 13166, and Affordable Care Act section 1557, to ensure oral interpretation services are available to members with Limited English Proficiency (LEP) at all points of contact.

1. Assessment: Needs and Capacity.

    Language needs for members are assessed during the intake process by identifying primary language. Once this is established, the need for language services is determined and services arranged as needed. Mercy Care offers a very robust language services delivery system that provides access to over 200 languages and dialects. Mercy Care Language Access Services address interpretation needs through Qualified Bilingual Staff, Scheduled Interpretation (In person, Over the Phone or Video Remote) and On-demand Interpretation (Over the Phone or Video Remote). In the event a member is unable to work with an interpreter, providers can utilize Mercy Care's On-demand Interpretation to ensure continuity of the appointment.

2. Language Assistance Services.

    The process to access language services is done in two ways. Mercy Care staff in all lines of business (usually Customer Service Representatives - CSR) is tested for bilingual capabilities. If deemed qualified,

they provide the service in the language they are proficient in, other than English. If there is a need for a different language, CSR will call the language line and solicit the needed language to complete the encounter. Mercy Care staff can also schedule on site interpreters by using any of Mercy Care's contracted vendors. For contracted providers, as soon as a language need is identified, they will contact one of the interpretive service vendors to schedule the interpretation session with the needed language (as identified in member's record). In the event an interpreter is unable to work with a member, the provider can call Mercy Care's Language Line Solutions contractor to ensure continuity of the appointment.

3. Written Translations.

   Mercy Care ensures the timely translation of all materials into Spanish, as this is a threshold language in their GSA. All materials and documents, including Member Handbook and Provider Directory are translated into Spanish. Notice of Actions (NOA) are translated into needed languages according to requests from contracted providers based on their specific service areas. The process to translate materials is to make a request to the Marketing and Communications department, including the document, person responsible, target language, date needed and cost center. These requests are stored and tracked in an internal database so that reports can be pulled as needed.

4. Policies and Procedures.

   Mercy Care ensures policies and procedures are in place to provide the best quality of services at all points of contact. Policies and procedures for cultural and linguistic care include the Provider Manual, Member Handbook sections on Culturally Competent Care and Translation and Oral Interpreter Services, Desktop Procedure on Interpretation and Cultural Competency Policy.

5. Notification of the Availability of Language Assistance at No Cost.

   Mercy Care members are notified of the availability of language services at no cost to them during their intake process. Additionally, contracted providers are encouraged and audited on having proof of the member handbook being offered and language services discussed, as well as signage displaying this statement in their reception/lobby areas.

6. Staff Training.

   All Mercy Care and contracted provider staff are required to take a mandatory Cultural Competency training. This training teaches about identified languages in the GSA, as well as how to engage language services, including testing bilingual staff. Additionally, there are two technology-based trainings available to all Mercy Care and contracted provider staff. These two additional modules also count as staff annual cultural competency training requirements.

7. Assessment: Access and Quality.

   Provision of language services is assessed on a regular basis. Utilization is reviewed daily, and a

dashboard is produced on a monthly basis. This dashboard examines languages utilized, increase/decrease in utilization, utilization by provider, by language and by members. Additionally, an annual language utilization report is produced and shared with leadership. Another way Mercy Care assesses their system for language utilization and capacity is by producing a report on contracted provider qualified bilingual staff. Through this report they can see languages available throughout their network, as well as levels of qualification within the contracted provider workforce.

8. Stakeholder Consultation.

   Stakeholder consultation occurs at several levels. Feedback on language services and needs is gathered via CLAS standards advisory committee, monthly member advocacy committee, monthly Child and Family Advisory partnership meeting, Adult Care Community Meeting and Ad-hoc public forums.

9. Subcontractor Assurance and Compliance.

   Mercy Care works with its subcontractors to ensure adherence and compliance with regulations enforced by AHCCCS related to language access services. Providers' assurance and compliance is closely monitored and implemented by systematic annual auditing processes of implementation and adherence to CLAS standards. Contracted providers may be issued a Performance Improvement Plan if standards fall below threshold; extensive onsite technical assistance is also available at any time. Contracted providers are also extensively educated and trained on how to engage interpretation services at no cost to members.

United HealthCare Community Plan Cultural Competency Plan

UHCCP has a comprehensive Cultural Competency Plan (CCP) that describes how health care and services are delivered to their members in a family/member centered and culturally competent manner. UHCCP's organization expects that their providers, employees, and business partners value, embrace, and respect diversity. They continuously strive to acquire enhanced cultural knowledge and adapt to reflect the diversity within the community. UHCCP strives to help members, their representatives, and their families understand what cultural competency means and how to gain access to available information and services. UHCCP appreciates that their membership is richly diverse and considers many cultural groups within the membership based on race, ethnicity, age, language, and limited English proficiency (LEP), religion, cultural beliefs, sex, gender, sexual orientation or gender identity, health status, national origin, refugee status, socioeconomic status, and individuals with disabilities.

UHCCP trains all employees to ensure their understanding of the significance of providing culturally competent services and strives to identify and remove barriers to care for all members and families of all cultures. Cultural Competency is included in New Employee Orientation and ongoing training is made available to all employees. Training on the use of the LanguageLine, UHCCP's translation/interpretation service, is available for employees. Managers assign specific courses to their employees as training needs are identified and managers are able to customize training based on the nature of the employee's contact with providers or members. Cultural competency is reviewed with existing providers and subcontractors on an ongoing basis during provider visits/interactions, provider education and training sessions. Ongoing training is delivered to providers using Relias.

Topics include Cultural Competency, Embracing Diversity, Culturally and Linguistically Appropriate Services, Tribal Nations & Indigenous Awareness, among many others.

UHCCP completes an annual assessment of its membership for cultural and language needs and ensures the availability of translation and interpretation services at no cost to the member. Understanding the needs of those members with limited English proficiency (LEP) and providing these services is critical to delivery of healthcare services and to helping people live healthier lives. UHCCP has a method for evaluating the cultural diversity of their membership, from which the data is used by their network and member-facing teams to create actions for ensuring the organization provides culturally competent care. UHCCP's method for evaluating the cultural diversity of their membership to assess needs and priorities in order to provide culturally competent care to their membership (languages spoken and ethnicity of membership) is to annually review and analyze the language and ethnicity data received on the 834 files from AHCCCS and DDD for all lines of business. The UHCCP Provider Directory identifies providers who speak other languages in addition to English. This listing is available on the UHCCP website and can also be mailed to the member to assist them in selecting health care providers that can meet their cultural and linguistic needs. Member Service Representatives are available to assist members with their selection of providers as well. Annually, UHCCP assesses the languages spoken by providers within the network.

UHCCP identifies health disparities within communities they serve to provide resources, tools, and education. The team provides opportunities for outreach (e.g., education, events, and programs) to members of diverse ethnic, socioeconomic, and physical abilities. UHCCP collaborates with other organizations to help address and coordinate individual needs. An example of this is their partnership with the Alzheimer's Association in which UHCCP team members work to raise awareness in the community by participating in the Walk to End Alzheimer's. Through their AHCCCS Complete Care Health Plan, UHCCP serves eight Tribes with the AHCCCS awarded Central Geographic Service Area (maricopa County, Pinal County, and Gila County) and the County of Pima within the South Geographic Service Area. Through the Division of Developmental Disabilities, UHCCP serves the entire state of Arizona which includes all twenty-two Tribal Nations. Their Tribal Liaison actively outreaches and engages with Tribes for coordination/collaboration related to healthcare service delivery questions, comments, concerns and feedback.

UHCCP understands the importance of families as crucial allies in the health and well-being of the member and communicates this to members and their families through community forums, advisory councils, and resource fairs. The importance of member/family-centered care in all aspects of service delivery is key for the members. The integrated healthcare program recognizes the members' family of choice as the primary source of support for the members' health care decision-making process and works to promote both member and family involvement, supporting families as part of the team of key decision-makers in the care and services their loved ones receive.

UHCCP's OIFA team works across the health plan serving as partners in promoting their member's voice. Together they work on development of initiatives that involve helping the members and their families advocate for themselves or their child. The support, education and training equip them to effectively navigate the health and social service systems to improve their access to care. OIFA helps to inform policy as it relates to member and family member participation in the health care system. Currently OIFA is reviewing AMPM Chapter 200 to provide family member feedback on the children's system of care tool kits. UHCCP's Community Outreach Program focuses on providing education, outreach, and support to members and community organizations

both at public forums and through targeted meetings with system stakeholders. Their focus is to outreach to members of diverse ethnic, socioeconomic, and physical ability. The goal is to promote complete exchanges of unbiased information between members, families, and health care professionals in a supportive manner. Information gathered at MAC meetings, Governance Committee meetings, OIFA events, provider and community forums is shared with leadership with the goal of promoting initiatives to expand collaboration and cultural awareness, understanding and member voice.

Each year, UHCCP assesses its Cultural Competency Plan for effectiveness. Prior year goals are reviewed and linguistic needs, translation and interpretation services and utilization, member and employee satisfaction survey results, provider feedback, and member complaints and grievances are addressed.

1. Provide ongoing information, education, and resources to all stakeholders on Diversity, Cultural Competency and meeting the needs of cultural groups within the UHCCP Membership.

   This goal was met as evidenced by UHCCP providing educational information to staff via New Employee Orientation, ongoing training opportunities, intranet and internal sharepoint site. They provided culture specific information and training related to cultural groups within the membership. They provided information to members via the Member Handbook, Member Newsletters, UHCCP's website, at Member Advisory Council meetings, at Outreach Programs with Community Partners and by care and case managers. They maintained a Cultural Competency SharePoint with resource links. UHCCP Member Advisory Council (MAC) held meetings to offer members an opportunity to provide feedback to their health plan. UHCCP MAC members represent all UHCCP lines of businesses, Community Stakeholders, Providers, and different cultural backgrounds. They conduct these meetings in a culturally appropriate manner. In addition, cultural competency material is presented annually at the MAC meetings by UHCCP staff and guest speakers.

2. Ensure the provisions of linguistically appropriate services are provided to UHCCP members

   This goal was met as evidenced by UHCCP offering written materials for members in both English and Spanish translations. Materials were made available to members in the prevalent non-English language. They provided and evaluated the utilization of interpretative services to include LanguageLine Solutions, sign language interpretation etc., assessed the adequacy of services and provided strategies and actions to meet any identified gaps. They evaluated and assessed the languages spoken by the UHCCP Provider Network, assess the adequacy of languages available and provide strategies and actions to meet any identified gaps.

3. Evaluate satisfaction of stakeholders with the delivery of culturally competent services by UHCCP and its providers and the availability of resources to assist with the delivery of services and implement actions to address those outcomes

   This goal was met as evidenced by UHCCP including a cultural competency component in satisfaction surveys. They conducted and evaluated the results of member, provider, and staff satisfaction surveys.

4. Analyzed member appeals and grievances reporting to identify trends and develop strategies related to the delivery of culturally competent services.

   This goal was met as evidenced by UHCCP reviewing grievance data for trends related to cultural

competency. They developed strategies or actions to address any identified trends.

5. Develop and maintain partnerships that work to bridge the health literacy gap and create a more unified educational approach to addressing healthcare literacy across the continuum of AHCCCS services and providers.

   This goal was met as evidenced by continuing as an active participant in C-3, the Cultural Competency Collaborative with AHCCCS Program Contractors. They used educational tools and approaches to bridge the health literacy gap. They embraced best practice standards and approaches to bridge the health literacy gap for persons with intellectual or developmental disabilities.

6. Utilize the results of the preliminary health disparity analysis to identify health equity improvements.

   This goal is in process and will be evaluated in June 2023, when the CY 2022 measure rates will be available. UHCCP focused on barriers and opportunities associated with its existing communication methods and messaging related to breast and cervical cancer screenings. The following barriers were identified:

   a. Current member material may not be relatable to Black or African American members.
   b. Members may not be aware of unique and/or increased risks associated with breast and cervical cancer for Black or African American persons
   c. Members may not trust the information they receive from health plans
   d. Other messaging related opportunities for improvement UHCCP has not identified.

   UHCCP referenced recommendations from the CDC's Health Equity Considerations for Developing Public Health Communications guide (Centers for Disease Control (CDC), 2021) and the Martha G. Komen Breast Cancer Education Toolkit for Use with Black And African American Communities (Susan G. Komen Foundation, 2015) to identify communication strategies to improve breast and cervical cancer screening rates for Black or African American members:

   - Images used in communications should include representation of the racial/ethnic groups in the population (Centers for Disease Control (CDC), 2021)
   - Communicate the differences in cancer incidence and mortality among racial and ethnic groups (Susan G. Komen Foundation, 2015)
   - Fifty-three percent of Blacks and African Americans report attending church at least weekly. Studies suggest that working with faith-based programs is an effective strategy for increasing access to health education and screening in a safe and trusted environment (Susan G. Komen Foundation, 2015)

   By leveraging the enterprise work of sourcing documents from the CDC, and the Susan Komen foundation UHCCP has enhanced its ability to offer culturally competent care management programs and services. UHCCPs efforts to support the impact of culturally competent care to improve health outcomes include:

   - Analytics - Integrating member Age, Gender, Address, Race/Ethnicity and Language data with clinical data to identify any disparities in care that are associated with the aforementioned member demographics.
   - Cultural Competence - Providing Cultural Competency training to clinical and non-clinical staff to create an awareness of the unique needs of members from various cultures

resulting in the delivery of more personalized service.

- Outreach - Customizing member materials and engagement strategies based on identified unique cultural needs and gaps in care.
- Providers - fostering culturally competent care by UHCCP's contracted providers.

1. Goal is to increase by 54.5% ,the percentage of Black or African American members receiving breast cancer screenings.
2. Goal is to increase by 50.5%, the percentage of Black or African American members receiving cervical cancer screenings.

3. Identify additional factors, if any, impacting breast and cervical cancer screening rates for Black or African American members.

Based on measures' performance and evaluation of the interventions, UHCCP may adapt, adopt, or abandon the interventions or implement new ones, if indicated.

7. Develop a written Health Disparities Action Plan to address healthcare disparities. This goal is in process and UHCCP will continue working on the health disparity project and its related interventions in CY 2023.

These goals are established to ensure that the principles and concepts of cultural competency are realized throughout the community and that services to members are provided in a culturally competent manner. The following goals and objectives have been established for the 2023 Cultural Competency Plan.

1. Provide quarterly information, education, and resources to health plan employees, and stakeholders on Diversity, Equity and Inclusion, Cultural Competency and meeting the needs of cultural groups within the UHCCP membership. This will be done through health plan forums with internal and external speakers covering various topics. A recorded version of the forums and educational materials may be made available to health plan employees via UHCCP's internal HEART SharePoint site.
2. Ensure the provisions of linguistically appropriate services are provided to all members. This is done through the member handbook and evaluating the network. 100% of UHCCP's member materials meet the requirement.
3. Evaluate through the annual CAHPS survey, the satisfaction of stakeholders relating to culturally competent services by UHCCP and the availability of resources to assist with the delivery of services and implement actions to address those outcomes.
4. Every quarter, analyze member appeals and grievances reporting to identify trends and develop strategies related to the delivery of culturally competent services.
5. Develop and maintain partnerships that work to bridge the health literacy gap and create a more unified educational approach to addressing healthcare literacy across the continuum of all UHCCP contracted providers.
6. Utilize results of the health disparity analysis with the black or African American members to increase breast, and cervical cancer screenings. Based on measures' performance and evaluation of the interventions, UHCCP may adapt, adopt, or abandon the interventions or implement new ones, if indicated by the comparison of CY 2022 outcomes in June 2023.

UHCCP's Language Access Plan ensures that they have a documented process for assessing the language needs of their members and that they can effectively provide the services and support that their members need.

1. Assessment: Needs and Capacity
   UHCCP assesses the language needs and capacity by conducting data analysis of language code information provided by AHCCCS annually. It monitors LanguageLine Solutions utilization monthly. It monitors American Sign Language utilization monthly. It monitors grievances for cultural issues quarterly. Analysis of these methods indicates that Spanish is the prevalent non-English language in Arizona and among the member population.

2. Language Assistance Services
   Member Services Call Center Representatives serving non-English languages are certified to provide oral language assistance to the members. These bilingual representatives can be accessed through their call center. The Member Services phone number is listed on every member's ID card. Representatives attend a detailed new hire training where ethics and confidentiality are reviewed. All interpreters must pass a language assessment and evaluation prior to being certified by UHCCP's vendor, Alta. Quality reviews are conducted throughout the month, feedback and coaching are provided to the interpreters. UHCCP's vendor, LanguageLine Solutions provides telephonic language assistance. This service is provided by LanguageLine Solutions certified interpreters and is available to Member Call Center Representatives, to health plan staff, and to our network providers. Members access services seamlessly through the call center, the employees, or their provider. LanguageLine Solutions can deploy in-person interpreters for non-English languages including American Sign Language. LanguageLine Solutions only hires interpreters who have successfully passed rigorous testing and screenings to demonstrate their proficiency. Once hired, staff attend a New Hire Orientation Program, interpreter ethics and confidentiality are reviewed during this time. Over the phone and in-person audits are conducted and feedback and coaching are provided to the interpreter. UHCCP's vendor, American Sign Language Services (ASL) provides sign language services to their members. Appointments may be scheduled through their call centers. ASL interpreters are bound by ethics and confidentiality requirements within the industry that is governed by the Registry of Interpreters for the Deaf. Interpreters are continuously monitored and audited for quality assurance. Additionally, LanguageLine Solutions and ASL both offer video remote interpreting (VRI) that allows the member to virtually connect with their translator/interpreter and with their Provider.

3. Written Translations
   UHCCP reviews language code information provided by AHCCCS to identify needs and capacity annually. UHCCP follows the requirements outlined in ACOM 404 including: taglines, vital materials, written materials, readability and oral interpretation. Member materials requiring AHCCCS and/or DDD approval are submitted to AHCCCS and/or DDD for review and approval. Materials sent to AHCCCS for approval include a cover letter that includes the languages the material will be translated to as well as the readability level as measured on the Flesch-Kincaid scale. Translations are completed by certified translators and each material receives a certification for document records.

4. Policies and Procedures
   UHCCP utilizes health plan policies to ensure that their members are served in a culturally competent manner. These policies are reviewed annually or as often as business needs or regulatory requirements require and are reviewed during operational reviews. The relevant policies include MS 1106 Member Information, MS 1105 Member Rights and Responsibilities and MS 101 Cultural Competency Policy and

Plan.

5. Notification of the Availability of Language Assistance at No Cost
   UHCCP provides notification to its members that language assistance is available at no cost. Communications that convey this message are reviewed and approved by AHCCCS and/or DDD. The following methods are used to communicate the availability of this service. AHCCCS/DDD-approved taglines. These taglines are provided on all member materials. Member Handbooks include information on the availability of language assistance. Member Newsletters include information on the availability of language assistance at least once per year.
6. Staff Training
   UHCCP provides training opportunities to employees to enable them to understand and implement the processes outlined in the Cultural Competency Plan and Language Access Plans. LearnSource online training includes topics on cultural competency. Member and Provider Call Center New Hire Training includes training on Cultural Competency. Member and Provider Call Center training on standard operating procedures provide staff with the training necessary to assist members with language needs. Case Manager training includes information on how to assist members with language needs.
7. Assessment: Access and Quality
   UHCCP regularly evaluates the accessibility and quality of language assistance activities. Evaluation is done by call center representatives receiving feedback through after-call surveys. Member grievances were used to monitor the satisfaction of services such as LanguageLine Solutions, Call Center language assistance, written materials, and in-person interpreter services including sign language. There were no grievances related to any of these topics in CYE-22. Utilization reports of oral interpreters and translations were evaluated to ensure that members are receiving interpreter and translation services. The Cultural Competency Plan includes an evaluation of goals and objectives including language services. Issues related to Member Services are discussed monthly in the Service Quality Improvement Subcommittee. Cultural Competency is specifically presented annually in this forum.
8. Stakeholder Consultation
   UHCCP involves the community in aspects of its operations including access to language assistance. Through our Member Advisory Committees, members, providers, and advocacy organizations can provide input to our operations. Cultural Competency is a topic of focus, and we receive input on member materials, oral and written translation capabilities, and many other topics related to serving our members in a culturally appropriate way. Our participation in the Cultural Competency Collaborative with other AHCCCS plans is another way to expand our connections in the community and receive diverse feedback on our operations.
9. Subcontractor Assurance and Compliance
   UHCCP's contracts with subcontractors include necessary program-oriented regulatory appendices. Within regulatory appendices, all AHCCCS and/or DDD policies are incorporated by reference. In addition, each administrative services subcontractor has access to and works with a UHCCP dedicated employee known as the Vender Relationship Owner (VRO), responsible for management of contract compliance. The VRO monitors compliance with contractual terms including responsibilities of language

access. Medical and Behavioral Health providers are also obligated under contract and monitored for compliance similar to our subcontractor model. These providers receive assistance through the appropriate personnel such as UnitedHealthcare Network Contracting, Provider Advocates, or similar staff.

DDD Training

Training for DDD Workforce

The Division incorporates philosophical and historical information regarding the disability community, behaviors, attitudes, skills, policies, and procedures in its staff development program. Developing cultural competence in the area of developmental disabilities is a primary focus of these training sessions.

The Division stresses the importance of being a culturally competent agency by promoting adherence to LEP requirements. Support Coordinators complete a Computer Based Training (CBT), LEP Overview, and are required to take an assessment that verifies their understanding of the material after the training is completed. This LEP training is required within the first 30 days of employment and annually thereafter. In addition to the training, an LEP guideline is posted on the Division's SharePoint site available to all staff. In September of 2022 an Interpreting and Translation Services Desk Aide was distributed to DDD staff. The desk aide provides guidance for DDD staff to support DDD members or those seeking services. This guidance describes how to access over-the-phone interpretation services, ASL Video Remote Interpreting, requesting in-person interpreter services, and requesting translation services. The process to request translation services was streamlined by assigning one department to serve as the gatekeeper where all translation requests for the Division are submitted statewide.

The Division has access to a training catalog that includes three cultural competency trainings:

1. Respecting Cultural Diversity in Persons with ID/DD explains the importance of understanding a person's cultural background, describes common issues in cultural diversity for people with IDD and describes common barriers to acceptance of cultural diversity.
2. Cultural Responsiveness in Clinical Practice includes learning objectives to describe the four major health belief systems (Biomedical Health Paradigm, Holistic Health Paradigm, Magico-Religious Health Paradigm, and Biopsychosocial Health Paradigm), summarize how to use three culturally competent assessment frameworks to enhance communication and engagement. It explains at least two approaches that can be used to improve the cultural sensitivity of the assessment process, and identifying options for helping individuals of culturally diverse groups overcome barriers to treatment.
3. Person-First Language includes learning objectives to describe the elements of person-first language, recognize the ways person-first language shapes how we communicate with and about individuals with disabilities and practice using person-first language. It distinguishes appropriate use of descriptive language regarding people with disabilities.

All new Division staff are required to take these training sessions within 30 days of hire and annually thereafter. Some support Coordination and Network staff also received training by attending the Annual African-American Conference on Disabilities in February 2022. Division staff also attended the Cultural Competency Conference in August of 2022.

Qualified Vendor and Provider Training

The Division works with long term care contractors to provide services that are culturally relevant and linguistically appropriate to the population served. Policy requirements include:

- An effective communication strategy when considering acceptance of a referral.
- Reasonable steps to ensure meaningful access to Medicaid services for persons with LEP.
- Written information in the prevalent non-English languages in a service area.
- Free interpreting services for all non-English languages, not just those identified as prevalent.

The Division issues to its provider network standardized training materials such as Managing Inappropriate Behaviors, Positive Behavioral Support, and the AHCCCS Direct Care Worker modules. One purpose of the provider training is to develop an understanding of cultural competence in working with individuals with developmental disabilities.

The Division holds statewide Qualified Vendor and Provider Meetings at least quarterly. Cultural Competency is a standing agenda item for Quarterly Provider Meetings to ensure awareness of the importance of providing services in a culturally competent manner, provide resources and to discuss any issues or concerns that arise relating to this area.

The Division's Provider Network Support team completes a Readiness Review with each newly awarded Qualified Vendor during which the Vendor's Cultural Competency Plan and policies are reviewed to determine whether they include:

- How the vendor plans to meet the cultural needs of Division members.
- The methods the vendor will use for language and document translation.
- The method to recruit staff that can meet the cultural needs and preferences of Division members (ex: Spanish speaking).
- A process for community outreach.

Evaluation and Monitoring

The Cultural Competency Coordinator and the Executive Leadership team evaluate data to determine the effectiveness of the plan as evidenced by the degree to which the Division delivers quality services that respond to the cultural and linguistic diversity of the populations. Considerations were made using linguistic needs, comparative member/family satisfaction surveys, outcomes for certain cultural groups, translation and interpretation services and utilization, member complaints and grievances, provider feedback, and Qualified Vendor employee surveys.

ALTCS Case File-Member Surveys

Support Coordination Supervisors conduct quarterly ALTCS case file reviews and monitoring of cases that are chosen at random. The monitoring consists of a file review and a member telephone survey, which has two questions related to cultural competency. This year a total of 4,754 reviews were completed with 3,743 members/ families responding to the telephone survey. The ALTCS case file reviews and satisfaction surveys were performed for the first three quarters of FY 22. The gap in data for the fourth quarter was due to staffing shortages. For this reason, the Division conducted a Cultural Competency Member/Family survey in the fourth quarter. Please refer to the Cultural Competency Member/Family Survey section below. Support Coordination Supervisors have resumed the case file reviews and satisfaction surveys.

For the ALTCS case file reviews and satisfaction surveys, when asked "Are planning meetings conducted in your primary language?" The survey response demonstrates that 99.68 % of members' planning meetings are conducted in the members' preferred language.

Planning meetings conducted in a language you understand?	State Operated	District Central	District East	District North	District P (AzEIP)	District South	District West	Total
Yes	100%	100%	99.45%	100%	100%	99.62%	99.70%	99.68%
No	0.00%	0.00%	0.55%	0.00%	0.00%	0.38%	0.30%	0.32%

When asked "Is your provider respectful of member/family's customs and traditions?" The survey response demonstrates that 99.59% of providers are understanding and respectful of the member/family's traditions.

Are providers respectful of customs and traditions?	State Operated	District Central	District East	District North	District P (AzEIP)	District South	District West	Total
Yes	100%	100%	99.27%	100%	100%	99.24%	99.90%	99.59%
No	0.00%	0.00%	0.73%	0.00%	0.00%	0.76%	0.10%	0.41%

The Division also conducts Cultural Competency surveys with Members/Families and Qualified Vendors in July-August of 2022. Members and their families were surveyed to obtain feedback regarding the services they receive by different providers. The focus was on cultural competence and language access. Qualified Vendors were surveyed to determine compliance with current policy requirements for the Cultural Competency program.

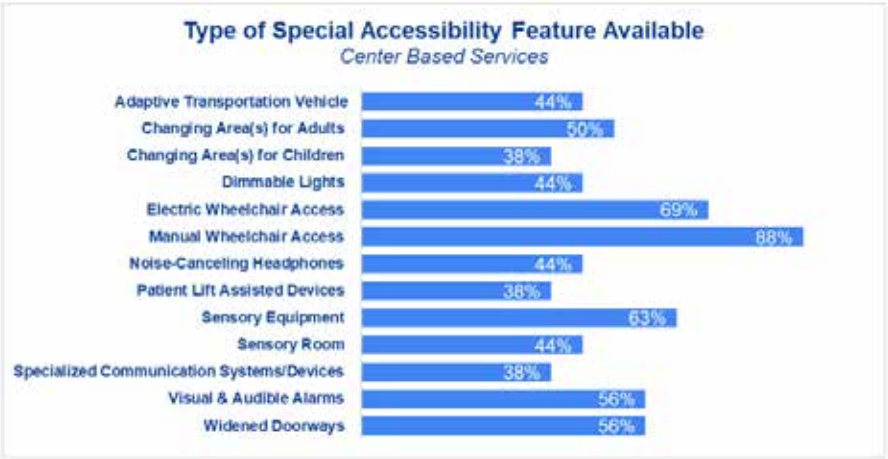
Cultural Competency Qualified Vendor Survey 2022

The Division conducted a Cultural Competency Survey for Qualified Vendor survey in August 2022. The survey includes cultural and linguistic needs and services provided by the Qualified Vendors. Of the approximately 790 Qualified Vendors, 47 vendors responded, significantly less participation than the previous year. However, based on the data, the percentage of Qualified Vendors reporting that they provide annual training on Cultural Competency to their staff increased from 67% the previous year to 79% in 2022. There were participating vendors for all services contracted under the Qualified Vendor Agreement and serving all Districts, with all districts similarly represented. The vendor participants represented varying sized agencies based on number of members served. The survey generally showed 80% or greater compliance with most of the requirements previously established by the Division. Based on the analysis of the Cultural Competency Survey, 89% of vendors have a Cultural Competency Plan, which is reviewed and updated annually. Also, 87% of Qualified Vendors are using bilingual staff or qualified interpreters, and 94% are recruiting staff reflective of members' cultures. Qualified Vendors are providing special accessibility features per ACOM 406. In the upcoming year, efforts will be made to increase survey participation from Qualified Vendors. The Division will continue to provide technical assistance to Qualified Vendors. Currently, information is distributed at statewide provider meetings and through the Shout, an electronic newsletter for providers. The Division recognizes that there is a need for additional communication to and/or training of Qualified Vendors related to Cultural Competency. The Division will continue its effort to address and improve cultural competency.

Qualified Vendor Responses Above 80%	Yes	No
The agency has a Cultural Competency Plan which is reviewed and updated annually.	89%	11%
The agency has a method to translate documents into other languages for members or family/guardians with Limited English Proficiency (LEP)	87%	13%
The agency uses bilingual staff or trained/certified interpreters for assessment, treatment, and other interventions with members who have Limited English Proficiency (LEP).	87%	13%
For members who speak languages or dialects other than English, the agency and agency staff learn and use keywords in their language so that they are better able to communicate with the member during the assessment, treatment, or other interventions.	98%	2%
If the agency provides American Sign Language (ASL) interpretation for members, do the staff member(s) who provide the interpretation hold a certification or a degree in this field? (18 responded)	28%	72%
If the agency provides center-based services, the agency ensures that magazines, brochures, and pictures or posters displayed in the waiting area are of interest to and reflect the different cultures of members and their families. (13 vendors responded)	92%	8%
If the agency provides center-based services, the agency ensures that the member is engaged in community activities. (16 vendors responded)	100%	0%
The agency forms filled out by the member, family, or guardian are written in their preferred language. (91 vendors responded)	83%	17%
The persons answering the agency telephones, during and after hours, can communicate in languages other than English or have access to interpreters.	79%	21%
The agency provides education to the member, and family/guardian to access and use interpreter services in their primary language.	70%	30%
The agency recruits staff who reflect the cultural and linguistic diversity of its members.	94%	6%
If the agency provides in-home services, the caregiver/provider is oriented to acceptable behaviors, customs, and expectations that are unique to families of specific cultures and ethnic groups. (41 vendors responded)	100%	0%
If the agency provides center-based services, the agency offers the following Special Accessibility Features:	See graph below	-
How often does the agency provide Cultural Competency training to staff?	See graph below	-

Analysis: Generally Qualified Vendors have Cultural Competency plans and are providing translation and

interpretation services and developing communication methods to effectively communicate with members. Almost all vendors are orienting their direct care workforce to the specific needs of each member. Additional support can be provided to Qualified vendors to ensure greater language access to members and families seeking services or trying to engage with the agency. Additionally, use of certified ASL interpreters may be underutilized.



Analysis: Overall, a high percentage (79%), of Qualified Vendors offer annual Cultural Competency Training to staff. This is a significant increase compared to 67% the previous year. Additional information and technical assistance should be provided to Qualified Vendors about the requirement for annual Cultural Competency training. The Division commits to providing resources and education on Cultural Competency Training to Qualified Vendors.

Analysis: Qualified Vendors offer a variety of accessibility features to support members with specialized needs particularly around wheelchair accessibility, personal care / privacy for changing, and sensory needs.

Cultural Competency Member and Family Survey 2022

In August of 2022 the Division conducted a Cultural Competency Survey for members and families. The focus was to obtain information regarding members/families' perceptions of cultural competency and language accessibility provided by the different provider categories. The Division strives to ensure service providers are respectful and responsive to the cultural and linguistic needs of members and families. We believe this is an important part of meeting the needs of our members and families. There were 92 responses to this survey. Efforts will be made to significantly increase participation for the following year, particularly from those members of Limited English Proficiency.

Cultural Competency Survey for Members and Families (% of Respondents who answered "YES")	Doctor/PCP	DDD Support Coordinator	In-Home Caregiver (Respite, Attendant Care, Habilitation)	Developmental Home Provider	Group Home Provider	Behavioral Health Provider (Therapist orCounselor)	Psychiatrist
Do these providers speak to you in a language you understand:	97%	96%	96%	91%	89%	94%	95%
Do these providers use interpretation services to communicate with you if needed?	74%	71%	67%	71%	76%	68%	72%
Do these providers use interpretation services to communicate with you if needed? (Non-English respondents)*	89%	100%	100%	100%	100%	100%	100%
Do these providers give you important documents in a language you understand?	98%	100%	100%	100%	92%	98%	97%
Do these providers respect your beliefs and faith?	100%	100%	100%	100%	96%	98%	97%
Do these providers respect your family in helping you make decisions about your life and care?	94%	98%	98%	100%	93%	98%	97%
Do these providers respect your choices and opinions about your family traditions, culture, and customs?	99%	99%	100%	100%	92%	98%	97%
Do these providers respect your identity and care needs if you identify as a member of the LGBTQ+ community?	100%	100%	100%	100%	92%	95%	94%

*Low participation from non-English speakers. All identified as Spanish-speakers. n=10.

Analysis: Overall, the responses demonstrate that a high percentage of respondents (96%-100%) believe that their providers respect their beliefs and faith. Similarly, high percentages were recorded (92%-100%) when members were asked if providers respect their choices and opinions about their family traditions, culture, and customs. When asked if providers use interpretation services to communicate with the member if needed, the responses were low across the board, ranging from 67%-76%. However, those who identified as Non-English speakers (n=10, all Spanish-speakers) the percentage of respondents answering yes ranged from 89%-100%. It should be noted that the low percentages when those numbers were combined, might be due to English-speakers responding no, as they do not need interpretation services. The Division identifies this as an area of clarification and improvement for next year's Cultural Competency Member and Family Survey. The Division will continue communicating to DDD staff and providers about the importance of using qualified interpreting services when needed

Grievance and Complaints

All formal complaints, including those related to language access, are routed through DDD's Customer Service Center (CSC). Most of the language complaints are because a family speaks Spanish, and they would like a Spanish-speaking Support Coordinator. DDD attempts to assign bilingual staff with Spanish-speaking caseloads whenever possible. AHCCCS requires complaint closure within 10 days but not to exceed 90 days of opening and prefers the average number of days to closure to be less than 30 days. For this contract year the number of days for closure of complaints ranged from 1 day to 68 days. The longest open complaint was due to having to find and assign a new Support Coordinator to a family that stated there was a language barrier between them and their Support Coordinator.

The Division received eleven (11) total grievances this plan year about language access. All were resolved to the member's satisfaction within required timeframes. The Division is developing technical training for next plan year for Qualified Vendors on how to receive additional funding when providing services in non-prevalent languages (see Work Plan for 2022-2023). DDD continues its recruitment efforts for bilingual staff. Language complaints are usually handled by the District Area or Program Managers as they are received. The majority are resolved at the District level. Language complaints not resolved at the district level are elevated to and recorded by the CSC in their database and assigned a number. This would also occur for the complaints that are called into CSC directly. When CSC receives the complaint, it is assigned out to the field for follow-up and is monitored until resolved. After the language issue has been resolved, the complaint is closed.

Modifications to the 2021-2022 Cultural Competency and Family Centered Care Plan/Language Access Plan

In the previous plan year, the Division has identified some activities to strive to deliver on its Mission and to improve the oversight and administration of its Cultural Competency and Family Centered Care Program (CCFCP). Additional activities pursued this plan year included:

1. An Interpretation/Translation Desk Aide was developed and distributed to DDD staff in September, 2022. This Desk Aide streamlines the steps to access Language Services and how to request translations state wide, rather than by district, as previously done.
2. It was decided that the Cultural Competency Survey for members and families would be administered annually rather than every two years. The purpose of this change is to compare year to year responses from members and families.

Appendix A: Cultural Competency and Family Centered Care Plan/Language Access Plan Evaluation and Approval

The Division's Executive Leadership Team has formally:

- Evaluated the effectiveness of the CYE 2021-2022 Cultural Competency Plan Evaluation Work Plan strategy and activities: and
- Reviewed and approved the CYE 2022-2023 Cultural Competency and Family Centered Care Plan/ Language Access Plan and work plan on November 8, 2022.

The DES DDD CYE 2021-2022 Cultural Competency Plan Evaluation and the CYE 2022-2023 Cultural Competency Plan and work plan responsibility and approval:

Cecilia Andrade — Date

Cultural Competency Manager

Division of Developmental Disabilities

Zane Garcia Ramadan — Date

Assistant Director

Division of Developmental Disabilities

Appendix B: Cultural Competency Evaluation Work Plan CYE 2021-2022

Goal: Ensure the provision of culturally competent services to members served by the Division

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Person Responsible	Evaluation
Measure and improve identified Health Equity disparities.	Conduct Health Equity assessment for Home and Community Based Services (HCBS) through a contracted consulting firm.	Consulting firm will conduct the assessment. DDD will share necessary data and resources. Consulting firm will provide a report of the findings and strategies on how to improve the disparities found.	09/03/22	The Cultural Competency Coordinator/Deputy Assistant Director and other identified DDD staff.	PARTIALLY MET The HCBS Disparities Task Order has been awarded to a consulting firm on 9/14/22. Firm has initiated the assessment. DDD is in the process of working closely with the firm to share necessary data, and assist with facilitating employee and member engagement for purposes of this assessment. Milestone 3 and final report are due no later than 3/31/23. DDD will then analyze and implement initiatives to improve disparities based on the findings and strategies recommended. This will be continued in the 2022-2023 plan year.

Appendix B: Cultural Competency Evaluation Work Plan CYE 2021-2022

Goal: Ensure the provision of culturally competent services to members served by the Division

Goals	Methodology	Monitoring/ Evaluation	Target End Date	Person Responsible	Evaluation
Support members and families across the service delivery system.	1. Fill two new FTE to support implementation of the Cultural Competency and Family Centered Care Program.(CCFCCP) 2. Measure member/ family satisfaction using a Cultural Competency Survey and the supervisor audit tool. 3. Increase the number of Qualified Vendors self-reporting annual training on Cultural Competency.	1. The Cultural Competency Manager and Coordinator are filled. 2. Survey was completed. 3. Supervisor audit was completed for 3 quarters.	03/31/22	Deputy Assistant Director, Network Operations and Management	1. MET The two positions have been filled as of 11/14/22, though later than the initial target date of 09/30/2022 due to the need to hold 5 rounds of interviews to identify a viable candidate. 2. MET 3. MET

Appendix B: Cultural Competency Evaluation Work Plan CYE 2021-2022

Goal: Ensure the provision of culturally competent services to members served by the Division

Goals	Methodology	Monitoring/ Evaluation	Target End Date	Person Responsible	Evaluation
Ensure use of "disability etiquette" when establishing rapport and working with individuals with developmental disabilities.	Implement a ID/DD standard training for behavioral health providers.	Analyze Division survey results, if deemed appropriate enter into Resolution System.	09/30/22	Behavioral Health Administrator	PARTIALLY MET- This project is in progress and is being executed under the Division's ARPA plan . For this reason it will not be continued in this plan for next year.

Appendix B: Cultural Competency Evaluation Work Plan CYE 2021-2022

Goal: Ensure the provision of culturally competent services to members served by the Division.

Goals	Methodology	Monitoring/ Evaluation	Target End Date	Person Responsible	Evaluation
Ensure engagement by members, stakeholders, and the public in implementing and revising the plan.	1. Finalize language related to enhanced Cultural Competency and Family Centered Care requirements and Language access in the Qualified Vendor Agreement. 2. Post a rate structure in the Division's Rate Book to compensate Qualified Vendors who provide services in non-prevalent languages.	1. Review of Provider Manual 2. Review DDD Rate Book	07/1/22 01/01/22	Deputy Assistant Director, Network Operations and Management. Business Administrator	1. MET - Posted 2. MET - Posted

Appendix C: Cultural Competency Evaluation Work Plan CYE 2022-2023

Cultural Competency and Family Centered Care Plan/Language Access Work Plan

Goal	Activity	Responsible Person	Anticipated Start Date	Anticipated End Date
1. Implement initiatives based on findings and recommendations of HCBS Disparities Assessment.	1.1 Complete HCBS Disparities Assessment	Cultural Competency Manager	May 2022	09/03/22
2. Increase Cultural Competency training resources for Qualified Vendors, specifically related to cultural customs, values, beliefs and language.	2.1 Develop informative videos related to cultural customs, values, beliefs and language and make them accessible to Qualified Vendors.	Cultural Competency Manager.	December 2022	9/30/23
	2.2 Research publicly available training resources regarding cultural competency, select and distribute to Qualified Vendors.	Cultural Competency Manager.	November 2022	9/30/23
	2.3 Present cultural competency training and resources during quarterly meetings with Qualified Vendors	Cultural Competency Manager.	January 2023	9/30/23
3. Increase the number of eligible DDD employees receiving the bilingual stipend by 10%	3.1 Initiate a campaign to inform staff and encourage participation in bilingual stipend testing.	Cultural Competency Manager and Human Resources Administrator	December 2022	9/30/23
	3.2 Update current processes of gathering data to capture languages used by DDD employees receiving bilingual stipends.			
4. Improve and increase Cultural Competency training for DDD staff, and increase technical assistance training regarding language access at DDD.	4.1 Revise current cultural competency training for all DDD staff, and develop new targeted training for Support Coordination.	Cultural Competency Manager	January 2022	9/30/23
	4.2 Develop technical assistance training regarding language access for all DDD staff, such as appropriate use of interpreters.	Cultural Competency Manager	December 2022	9/30/23

- Attachment A: REL-IDD-Person-First Language Transcript
- Attachment B: REL-IDD-Respecting Cultural Diversity in Persons with IDD transcript
- Attachment C: REL-BHC-Cultural-Responsiveness-in-Clinical-Practice_transcript
- Attachment D: Arizona Long Term Care System (ALTCS) Member Handbook 2022 – 2023
- Attachment E: MemberNewsletter_SpringSummer2022
- Attachment F: 09_22_Member_Update
- Attachment G: DDD-2089A PCSP
- Attachment H: Provider Manual: CHAPTER 26 - CULTURAL COMPETENCY AND MEMBER AND FAMILY CENTERED CARE