



DEPARTMENT OF  
ECONOMIC SECURITY

*Division of Developmental Disabilities*

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

**Contract Year 2023 - 2024  
October 1, 2023 - September 30, 2024**

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## DES Vision:

A thriving Arizona.

## DES Mission

To strengthen individuals, families, and communities for a better quality of life.

## DES Values:

- Integrity: We are honest and transparent and are accountable for our actions and their impacts.
- People First: We prioritize our staff and the people we serve to achieve the best and most equitable outcomes.
- Respect: We demonstrate compassion, treat all people with dignity and kindness, and embrace diversity.

## 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. DDD provides support and services for eligible Arizonans. These eligible individuals include those diagnosed with one of the following developmental disabilities:

- Autism;
- Cerebral Palsy;
- Epilepsy;
- Cognitive / Intellectual Disability;
- Down Syndrome; or
- Are under the age of six and at risk of having a Developmental Disability

DDD serves more than 53,000 people with developmental disabilities and their families throughout Arizona each year.

## 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, Language

Access Plan, and Family/Member Centered Care is the guiding document used to improve service delivery and make adjustments to support members' needs and access to care. 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
- Home and Community Based Services (HCBS)
- Medical Services
- Behavioral Health Services
- State Operated Services, including ICF/IDD
- Other Specialty Services

DDD acknowledges the importance of families as being the crucial allies in maintaining member's health and well being. DDD integrates this philosophy into all of its programs and activities through HCBS. DDD communicates this to members and families through the [DDD Family Support Program Annual Report](#) found on the DDD website. 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 of 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 ones helps us to honor members' and families' perspectives and choices.

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 receives person-centered care. Additionally, Support Coordinators ensure that the family is recognized as often being the primary source of support for the member's healthcare decision-making process through the use of the Person Centered Service Planning (PCSP).

The support coordinator is responsible to ensure 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, considering all cultural needs of the member and their family. The Support Coordinator is responsible for practicing 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 "person-first language"; asking the person if assistance is needed instead of assuming. The Division and all of its departments including all of Support Coordination ensure that the unique nature of each member and their family is appreciated and recognized. During all 90-day Review meetings, Support Coordinators use the PCSP as their guiding document with all DDD/ALTCS members. The Division continues to revise policies and procedures related to the PCSP as revisions to the PCSP are implemented. Internal policies and policies for our subcontractors that impact members and families are reviewed through a cultural competency lens. Additionally the policies are sent for public comment to facilitate cultural competency collaboration among DDD, members, families and healthcare providers.

The following policies and procedures related to the PCSP that have been created or updated and will continue to be revised 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 current Qualified Vendor Agreement. The agreement describes the educational methods the Qualified Vendor will use when there is direct member contact. The agreement 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 laws, rules, and policies.*
- *Ensure that all individuals who participate in this Agreement have been trained and have affirmed their understanding of federal and state laws, rules, 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 and family members; employ authority or influence with members and families for the benefit of a third party; exploit the member's trust in the Contractor; or accept any commission, rebates, or any other form of remuneration except for payment by the Contractor.*

The service specification for each HCBS service 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 in the [Qualified Vendor System](https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/become-a-qualified-vendor/qv-system) page (<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.

Support Coordination continues to use the vendor call process for residential services that was revised in 2022. It includes 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, language, developmental, educational, emotional, cultural, and environmental needs. This new profile helps match members to vendors more efficiently and accurately. Additionally, Support Coordination is required to complete a computer based training annually to ensure that the Division is in compliance with its AHCCCS contract. It ensures that vendor call policies, procedures, and standard work are aligned for all Division staff statewide. Furthermore, the Division provides members and families with resources and tools to support those needs, via multiple channels. In the DDD website, members have access to [local and statewide community resources](#) such as employment programs, care management, housing assistance, vocational rehabilitation,

behavioral health and substance use, food and nutrition, among others. During 2023 DDD developed [Quick Reference Guides](#) to assist members. The purpose of these guides are to inform members and families about DDD and community resources, in a clear and concise format. For detailed information on how DDD provides tools and resources to members and families, please visit the [Family Support Program Annual Report](#).

The DDD Affordable Housing Unit has bilingual staff who can assist our members and families with interpretation translation, for Spanish, Portuguese, 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 this training, DDD staff can address the needs and choices of members with different cultural backgrounds and languages.

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 who work with tribal members must also 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.

Internally, the Division works to establish and maintain a consistent, universal approach to cultural competency and diversity. Each District in the Division 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:

- Inform members about their right to receive language assistance services,
- Get information about their member rights and protections (e.g., Health Insurance Portability and Accountability Act [HIPAA])

To ensure treatment practices (e.g., medications, examinations, preferences) and processes, (e.g. goal setting, assessments, treatment planning, clinical meetings, referrals to other service providers and service interventions) are communicated, Support Coordinators facilitate the PCSP planning meeting. Though Support Coordinators are not healthcare providers they facilitate care coordination for members to receive healthcare services. They do this by using the PCSP tool to guide the discussion and document responses. The PCSP has conversation starter questions to assist the Support Coordinator in gathering sufficient information to get to know the member and to make accurate assessments. The Support Coordinator assists the member in identifying individualized goals and prioritizing them and explaining goals setting and treatment planning. The goals have specific, achievable, and measurable end results. Based on the assessments the Support Coordinator completes during the meeting regarding symptoms, health problems and preferences they submit referrals for healthcare services. To accomplish this, Support Coordinators are trained via procedure SC-055 Person-Centered Service Planning, submitted as an attachment with this plan.

The Division, its subcontractors, and contracted vendors provide and make members aware of their right to no cost translation, and interpretation services and how to access these services through multiple language access agencies. DDD makes members aware through multiple channels such as signage, Division staff making them aware of their rights and different areas on the DDD website. 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.
- Members can receive 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/TDD 711).
- Fair treatment regardless of race, ethnicity, national origin, religion, sex, gender, age, health condition, intellectual or physical disability, sexual preference, genetic information, or ability to pay.

Qualified Vendors are required to maintain policies to outline how they deliver culturally competent and language assistance services, and they must incorporate an awareness and appreciation of customs, values, and beliefs in their assessment, treatment, and interaction with members. For more information, please refer to The Division’s [Provider Manual Chapter 26 Policy, Cultural Competency and Member and Family Centered Care](#), and each Qualified Vendor’s policy Manual. This policy informs providers about their obligation to have language assistance services available for their staff to work with DDD members. This policy also informs providers of appropriate practices they must employ within their staff when accessing language assistance services. Through the Policy Development Tool, DDD informs Qualified Vendors of their requirement to demonstrate in their policy that they have a method of securing language assistance services.

## Evaluation of Goals from Previous Year

### 1. Implement initiatives based on findings and recommendations of HCBS Disparities Assessment.

#### 1.1 Complete HCBS Disparities Assessment,

#### 1.2 Review strategies provided in the Assessment. Identify the most prevalent issue that could be addressed by implementing initiatives.

The HCBS Health Disparities assessment was completed in April 2023 through a consulting firm. The purpose of the assessment was to identify currently specific populations (e.g., race, ethnicity, language, geographical area) that are underserved due to policy or system issues. The consultant provided a report to the Division, which included the identified disparities and recommendations for improvement.

The Division has formed a Health Equity Subcommittee to review systemic disparities in care. This subcommittee will thoroughly review all recommendations from the HCBS Disparities assessment and implement initiatives based on those recommendations. One of the main potential sources of disparities identified was incomplete system data regarding members’ race/ethnicity and language. The recommendation was to create and implement a project to improve system data, including ensuring race/ethnicity and language is accurately and completely captured for all members. This will be a focus



in the next plan year.

The Division offers materials in multiple languages. However, through interviews, some members expressed that not enough materials were in their preferred language. The recommendation was to identify language gaps for documents being translated into other languages. The Division acted on this recommendation and translated several Eligibility forms into eight different languages.

Another identified disparity was provider shortages throughout the state, mostly impacting rural and tribal areas, which resulted in unassigned members. The recommendation was for the Division to consider multiple avenues for improvement. The recommendations from the assessment will continue to be evaluated and considered as the Division implements initiatives to decrease disparities

**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.**

**2.2 Research publicly available training resources regarding cultural competency, select and distribute to Qualified Vendors.**

**2.3 Present cultural competency training and resources during quarterly meetings with Qualified Vendors**

The Division updated and provided various cultural competency resources for Qualified Vendors. The Division did not develop informative videos. However, the Division provided extensive technical support to the Qualified Vendors regarding cultural competency and language accessibility during virtual provider meetings on a monthly basis. The Division developed technical training for Qualified Vendors on how to receive additional funding when providing services in non-prevalent languages. [Provider Manual Chapter 26](#), *Cultural Competency and Member and Family Centered Care*, was revised. The Division also updated [Administrative Services Subcontractors Manual Policy 405 Cultural Competency, Language Access Plan, and Family Member Centered Care](#). Both of these policies provided improved guidance on how to provide culturally and linguistically appropriate services for members. The Division updated its Qualified Vendor webpage to include resources and guides to assist them in providing effective service to the diverse member population. The Qualified Vendors were informed of the new available resources.

**3. Increase the number of eligible DDD employees receiving bilingual stipends by 10%.**

**3.1 Initiate a campaign to inform staff and encourage participation in bilingual stipend testing.**

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

Information regarding the Bilingual Stipend Program was presented at Staff Town halls, statewide Support Coordination Supervisor meetings, and department meetings. Currently, 172 employees receive this stipend which is an 18.6% increase from CYE 2022 (145 employees). To monitor progress, data on the number of participants in the program will be captured quarterly.

**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.**



#### **4.2 Develop technical assistance training regarding language access for all DDD staff, such as the appropriate use of interpreters.**

In the previous year, DDD staff were expected to complete three Cultural Competency computer-based training upon hire, and two of those trainings were required annually. Currently, all of those trainings are required upon hire and annually thereafter. Additional computer-based training has been made available and advertised to all DDD staff. A training titled “Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services” has been offered to DDD staff, and all staff have been encouraged to take it. Presentations related to cultural competency and language accessibility were developed and provided to multiple departments at DDD. Furthermore, the Division retired outdated LEP procedures and developed a new LEP procedure to reflect the current needs of the Division. The new LEP procedure CCLA-001 Limited English Proficiency, Language Accessibility, and Language Services (found as an attachment at the end of this plan) outlines the process to obtain language services for all Division Staff for the purpose of performing their job duties, including interactions with current and potential members, families, qualified vendors and stakeholders with LEP.

### **Goals of the 2023-2024 Cultural Competency, Language Access Plan, and Family/Member Centered Care**

1. DDD will revise recruiting and hiring processes that seek to support the diversity of DDD staff by 09/30/24 and will measure progress through achievement of the following milestones:
  - 1.1 Create a workgroup composed of DDD Human Resources and DDD SMEs.
  - 1.2 Create standard work to be shared with DDD Human Resources Staff and Hiring Managers.
  - 1.3 Submit standard work through multiple layers of organizational approval.
  - 1.4 Create a plan to inform DDD staff and implement the new standard work.
2. DDD will create an in-house Spanish translation department by 09/30/24 and will measure progress through achievement of the following milestones:
  - 2.1 Create position descriptions.
  - 2.2 Hire and onboard new staff.
  - 2.3 Create processes and standard of work for accessing internal translation services.
  - 2.4 Provide communication and in-services to DDD staff about how to access internal translation services.
3. DDD will decrease by 20% the percentage of “Null/no data” for languages spoken by our DDD members by 09/30/2024.
  - 3.1 DDD will create a workgroup that will accurately capture the data.
  - 3.2 DDD will create a process involving multiple DDD departments to close the gaps in data.

### **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, Language Access, and Family/Member Centered Care Plan.

## Demographic Considerations as of 09/30/2023

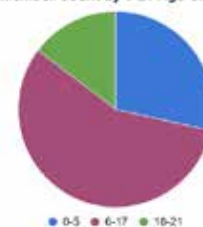
Members are identified with the following five (5) primary eligible conditions. Intellectual disability is the largest group, followed by Autism. Members may be identified as being “at risk” under age 6.

Diagnosis	Total Members
Intellectual Disability	16,135
Autism	17,794
At-Risk	13,195
Cerebral Palsy	3,502
Epilepsy	2,073
<b>TOTAL</b>	<b>53,061</b>

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 Count by 0-21 Age Group	Total Members
0-5	10,090
6-17	20,099
18-21	5,216
<b>Grand Total</b>	<b>35,405</b>

Member Count by 0-21 Age Group



The following graph and chart show the breakdown of all members by age.

Members Count by Age Group	Total Members
0-21	35,405
22-54	15,202
55+	2,454
<b>Grand Total</b>	<b>53,061</b>

Member Count by Age Group



The following graph and chart show the breakdown of all members by gender. The prevalence of Autism in males (4:1) likely accounts for the majority of this population difference.

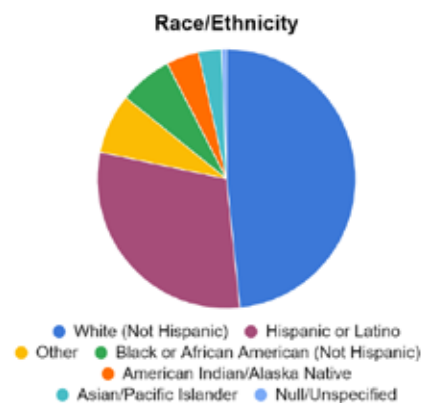
Members Count by Gender	Total Members
Female	17,804
Male	35,256
Unspecified	1
<b>Grand Total</b>	<b>53,061</b>

Member Count by Gender



The Division’s racial and ethnic membership breaks down as follows:

Race/Ethnicity	Total Members	% of Membership
White (Not Hispanic)	25,655	48%
Hispanic or Latino	15,900	30%
Other	3,952	7%
Black or African American (Not Hispanic)	3,523	7%
American Indian/Alaska Native	2,162	4%
Asian/Pacific Islander	1,544	3%
Null/Unspecified	325	1%
Grand Total	53,061	100%



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

Race/Ethnicity	Asian	Black or African American	White, Not Hispanic	Hispanic	American Indian	Other
DDD Membership (53,061)	3%	7%	48%	30%	4%	8%
DDD Staff (2,542)	3%	12%	38%	28%	2%	17%
*Arizona Population (7,359,197)	4%	5%	53%	32%	5%	1%

\*Population estimates. Source United States Census as of July 1, 2022 (<https://www.census.gov/quickfacts/AZ>)

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, 62% of DDD employees are self-reported as some other ethnicity than White (Non-Hispanic). The Division maintained its growth trend with membership increasing by 8.7% in the 2022-2023 plan year.

## Language Access

Languages spoken by DDD members

MEMBER LANGUAGE	ATPC	CENTRAL	EAST	NORTH	EIU	SOUTH	WEST	TOTAL	% OF TOTAL
ENGLISH	52	8185	10969	3386	2425	6787	9578	41382	77.99%
SPANISH	-	1506	757	117	303	1461	1764	5908	11.13%
NULL/NO DATA	-	666	1108	493	503	1160	923	4853	9.15%
NAVAJO	-	14	7	176	2	-	12	211	.40%
OTHER	-	64	24	10	6	31	43	178	.34%
ARABIC	-	28	14	-	3	12	67	124	.023%
AMERICAN SIGN LANGUAGE	-	15	21	10	1	13	15	75	.14%
VIETNAMESE	-	14	22	2	2	5	14	59	.11%

MEMBER LANGUAGE	ATPC	CENTRAL	EAST	NORTH	EIU	SOUTH	WEST	TOTAL	% OF TOTAL
FARSI	-	13	3	-	1	1	7	25	.05%
SWAHILI	-	7	1	-	1	6	10	25	.05%
UNKNOWN/ UNSPECIFIED	-	2	2	13	-	4	3	24	.05%
SOMALI	-	18	3	-	-	1	-	22	.04%
FRENCH	-	2	1	-	2	4	8	17	.03%
ALBANIAN	-	-	5	-	3	5	2	15	.03%
MANDARIN	-	3	5	-	3	2	1	14	.03%
HINDI	-	5	1	-	5	-	2	13	.02%
RUSSIAN	-	3	3	-	2	-	3	11	.02%
CANTONESE	-	2	3	-	-	-	5	10	.02%
CHINESE	-	2	5	-	-	1	1	9	.02%
DUTCH	-	1	3	2	-	1	2	9	.02%
CROATIAN	-	2	1	2	-	1	2	8	.02%
SIGN EXACT ENGLISH	-	1	-	1	-	3	3	8	.02%
TAGALOG	-	3	1	-	1	-	2	7	.01%
GREEK	-	1	-	1	-	4	-	6	.01%
KOREAN	-	1	3	-	1	-	1	6	.01%
ROMANIAN	-	1	-	-	1	-	4	6	.01%
NATIVE AMERICAN	-	2	1	2	-	-	-	5	.01%
FILIPINO	-	3	1	-	-	-	-	4	.01%
JAPANESE	-	1	1	1	1	-	-	4	.01%
SERBIAN	-	3	-	-	1	-	-	4	.01%
AMHARIC	-	-	-	1	-	1	1	3	.01%
BOSNIAN	-	3	-	-	-	-	-	3	.01%
APACHE	-	-	1	1	-	-	-	2	.00%
HOPI	-	-	-	2	-	-	-	2	.00%
INDIAN (INDIA)	-	2	-	-	-	-	-	2	.00%
PORTUGUESE	-	1	1	-	-	-	-	2	.00%
BRAILLE	-	-	1	-	-	-	-	1	.00%
ITALIAN	-	-	-	-	-	1	-	1	.00%
KHMER	-	1	-	-	-	-	-	1	.00%
KISWAHILI	-	-	-	-	-	-	1	1	.00%
TOHONO O'ODHAM	-	-	-	-	-	1	-	1	.00%
Grand Total	52	10575	12968	4220	3267	9505	12474	53061	100%

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 77.99% (41,382) members, followed by Spanish and Navajo. The Division tracks the languages of members in its Focus database. For 2022-2023, the Division documented a total of 12.86% of members (6826) who identified as non-English speakers.

Of these, 86.5% (5,908) identified Spanish as their primary language, 3.09% Navajo (211), 1.81 % Arabic (124), and 1.09% American Sign Language (75). Refer to the previous 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. The number of members who had an unknown/unspecific or null/ no data designation was 4877. The Division has identified this gap in data and is actively working on a plan to address this gap. This has been identified as one of the goals for 2024.

In order to provide culturally competent care to its members, the Division assesses the needs, capacities and priorities of its membership. For race and ethnicity, the Division annually monitors any changes in ratio of DDD staff race and ethnicity compared to the DDD membership. If major changes or discrepancies were identified from the previous year, the Division would implement a strategy to address the major changes in ratios. For current data on race/ethnicity, though the percentage of the category for null/unspecified is small, the Division has taken steps to close the gap on missing data.

To ensure that the Division provides culturally competent care, the Division assesses the language needs of the members. The language needs of the members are prioritized by ensuring that those language needs can be met by our multiple language vendors. The Division requests reports from our language vendors about all the languages offered, in order to compare and ensure that all the languages spoken by the members are available through our language vendors at all times.

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 or any other Division staff will advise the potential member with LEP or deaf/hard of hearing member that interpretation and translation services are available at no cost to the applicant. 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. Once they become members, their needs for interpretation are communicated to the Support Coordinator so if interpretation services are required, they can be scheduled for in-person, over-the-phone, or virtual meetings ahead of time. Spanish-speaking members are usually assigned to Spanish-speaking Support Coordinator, 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 (ADSP018-00008136 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 regulations of the Eligible Agencies for which services are performed. The Contractor shall have policies in place concerning the code of ethics/code of conduct for interpreters to follow. The 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](#)
- For services provided in a healthcare 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.

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. 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 that make members aware of interpretation and translation services. All reception staff are trained to call the language vendors for immediate interpretation if the member/potential member who is LEP walks into an office. The member can point to the language they speak, and the language vendors have interpreters 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. DDD is in the process of updating the tagline to reflect the Division's internal operations.

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/potential members. This notification is currently sent in English and Spanish. The Division maintains all member documents and forms translated into Spanish. This includes member information, brochures, booklets, and forms received by the member. As specified in 42 CFR 438.10(d)(3) the Division provides and coordinates linguistic and disability-related services to ensure that all member information, including vital materials are accessible in easily understood language and in various formats. The Division translates all materials, documents, and communications into other languages as needed for our members, by providing professional translation services, and ensuring that all vital materials are made available in the prevalent non-English languages. All DDD staff receive guidance that they can search the Document Center, which is the database for documents. Staff can access the documents and print them out for members in English and Spanish. When Division staff identify the need for member information to be translated, they use the DDD Translation and Interpretation Services Desk Aid. DDD staff are instructed to submit a Google form that captures the document needing to be translated, the language, and how soon this translation is needed. The Business Operations team, serving as the receiver of all translation requests, then forwards the document to any of the contracted translation agencies. When the translation agencies complete the translation, the translation is returned to DDD Business Operations team, who then return it to the requestor.

For Disability related services, once Division staff are made aware of the member's needs, they inform the DDD Customer Service Center. The CSC then informs the Cultural Competency/Language Accessibility Unit via a shared monitored mailbox. This unit coordinates with appropriate departments to format documents into braille, large print and other formats. All written materials for members shall be translated into Spanish. Translated documents include but are not limited to: Notices of Adverse Benefit Determination, consent forms, member handbooks, announcements, the Person-Centered Service Plan, and other important publications. The Spanish documents are reviewed regularly, and at the 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 the 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 statement: *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 can also provide materials for those with visual and auditory limitations. The Division follows AHCCCS Contractor Operations Manual (ACOM) Policies 404 and 405.*

The Division has professional contracts for interpreting 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 22-23, 1,940 members utilized at least one form of interpreting or translation service. This number increased by 14% since CY 21-22. This number does not account for bilingual staff providing direct services in the member's language. 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 6,949. In contract year 21-22, there were 4,506. This is an increase of 54% of encounters. The annual cost for contracted interpretation and translation services for contract year 22-23 was \$726,193. In 21-22, it was \$596,263. This data shows that there was an increase of 21% in expenses from the previous year. 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 bi-weekly 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, 172 employees receive this stipend, which is an 18.6% increase from CYE 2022 (145 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 that were set for this past contract year related to increasing the number of employees receiving the stipend. DDD successfully achieved and surpassed this goal.

The Division received fourteen (14) total grievances this plan year about language access. All were resolved to the member's satisfaction within the required timeframes. See the 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 the 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	Biannually
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	Annually
Network Sufficiency	Unassigned authorization reports and vendor call report from Focus	Daily/ Weekly
Vendor and Provider Forums	Standing agenda item includes Cultural Competency	Monthly
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	Monthly
Stakeholder Input	The ARC of Arizona	Monthly
Stakeholder Input	Arizona Developmental Disabilities Planning Council (ADDPC)	Quarterly
Stakeholder Input	DDD Focus Group with Self-Advocates and Advocates	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 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 continues to use the Pre-Service Provider Orientation form which was 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.

## Communicating with Stakeholders and Other Organizations

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

- Posting of the *Cultural Competency, Language Access Plan, and Family/Member Centered Care* and resources on the Division's website.
- Communicating with Qualified Vendors regarding policy updates and language access resources.
- Providing policy notification and the using a public comment process in policy development that impact members and families.
- Ensuring Cultural Competency is a standing agenda item for all monthly Qualified Vendor meetings.
- Issuing member monthly 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, and they work together to build consistent messaging, tools, and practices to help the provider community deliver services in a culturally competent manner, which includes hosting an annual conference. In August of 2023, the C3 Annual Cultural Competency Conference was held with 134 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 Cultural and Linguistic Competence (CLC) and Refugee Disability Roundtable Community of Practice (CoP), which has been facilitated by the Sonoran Center for Excellence in Disabilities. The goal of this team is to advocate for individuals with disabilities, develop recommendations for improved access to services.

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 November of 2022 and June of 2022, DDD participated in the NASDDDS national conferences, 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 the Office of Individual and Family Affairs (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.

With the support and guidance of the Office of Tribal Relations (OTR), the Division will work with OTR to develop clear messaging/notices/guidance about policy changes that need to be sent to the tribes for feedback at least 90 days prior to changes being made/announced. Outreach included visits to individual tribal nations, joint presentations, and facilitation of inquiries from both DDD and the tribes.

From October 1, 2022, through September 30, 2023, DES/DDD staff participated in the following tribal activities:

- Twenty-one (21) virtual tribal communication meetings
- One (1) Virtual Tribal Consultation
- Three (3) Tribal Informational Forums and provided DDD specific information to the tribes and tribal partners serving the DDD tribal members
- Three (3) 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 in the Navajo Nation. The comprehensive case management duties are the same as those of a DDD Support Coordinator. The contracted unit served an average of 135 members of the Navajo Nation per month from October 1, 2022, through September 30, 2023.

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 (Spanish) 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, PCSP), 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. 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. The Division has also engaged with the Arizona Center for the Blind and Visually Impaired (ACBVI). They have provided guidance on how members and Qualified Vendors could use technology to make services more accessible. It is the intent of the Division to continue working closely and collaboratively with ACDHH and ACBVI.

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 interpreting agencies 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 those that advocate for the autism community and other community partners. OIFA maintains The Office of Individual and Family Affairs houses a Community Outreach Log, which tracks community engagement activities by all DDD functional areas. Participating in some of these stakeholder groups provides members and families the ability to seek and receive family to family support.

## Community Health Assets

The results of the Division's community health assessments are utilized for planning, implementing, and assisting 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 <https://des.az.gov/services/disabilities/developmental-disabilities/community-resources>. These are general resources as well as local, state, and national groups that support members and their families. Many resources can assist with day to day tasks and other services that the Division may not cover. 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. The Division promotes available and accessible support systems through multiple distribution pathways. Through the monthly OIFA newsletter, DDD promotes those support systems. Via Navigating the System and ALTCS Handbook, DDD promotes these support systems. Support Coordinators share these 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 offering information to or coordinating services for members who are part of the culturally and linguistically diverse DDD community. Through the ALTCS Handbook, DDD provides information about accessing hospital support systems and encourages members to seek hospital support when needed.

Other ways the Division conducts regular assessments of community health assets is through meetings with multiple external stakeholders. DDD holds monthly town hall meetings with the public where important information about DDD is shared. The public is encouraged to ask questions to DDD leaders at these meetings. Another example are the monthly meetings with five separate Independent Oversight Committees (IOC), one per district. Members of the IOCs provide support and review matters about the rights of people with developmental disabilities. The Division has regular meetings with multiple stakeholder groups such as Raising Special Kids, The ARC, Arizona Association of Providers for People with Disabilities, Developmental Disabilities Advisory Council, Maricopa County Public Fiduciary. As a result of a project that was identified and supported by participants from all of these groups include the newly developed Quick Reference Guides that DDD published. These guides provide an easy way to learn about resources and are available in both English and Spanish. Through the Grievances and Complaints process handled by DDD Customer Service Department is another method of how the Division assesses the community health assets. See Grievance and Compliant section.

## Health Equity Within HCBS

DDD delegates the delivery of physical and behavioral health services to the DD Health plans and for this reason, delegates the requirements for identifying and remediating issues related to physical and behavioral Health Equity Disparities statewide to the plans.

Via AdSS 405 Policy Cultural Competency, Language Access Plan and Family Member Centered Care is how subcontractors are made aware of their obligation to address health disparities. UHCCP identified health equity barriers, specific to their communication methods related to breast and cervical cancer screenings. UHCCP then identified goals and objectives to address those specific health disparities.

Mercy Care 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. Though addressing health disparities is a delegated task for the Health Plans, DDD has taken steps to address health disparities within the Geographic service area. DDD procured a consulting firm to research and recommend strategies to develop and/or improve equity-based performance metrics for Home and Community Based Services (HCBS) 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 was 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. DDD also utilized the consultant to complete an internal evaluation of DDD. The consulting firm completed the evaluation in the Spring of 2023. They identified disparities in service delivery and provided recommendations to improve program and service access and address disparities in care between populations. The recommendations ranged from policy updates and data collection proposals to broader systemic redesign efforts and opportunities for staff, provider, and community-based training. It was one of the goals of this plan to implement initiatives upon reviewing the findings of this assessment. One of those initiatives was to make certain eligibility documents available in other languages. DDD translated some documents into several other languages. All other recommendations are currently being reviewed, and initiatives will be aligned with the work being undertaken for NCQA (National Committee for Quality Assurance) Health Equity Accreditation.

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. 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 contract year 22-23, 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 Health Coordinator as advocate 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.

To oversee activities of the DD Health Plans and develop activities related to the DDD's HCBS Network, the Division has created a Health Equity Subcommittee composed of DDD leaders. The Health Equity Subcommittee is tasked with analyzing and evaluating possible disparate access to healthcare, including physical and behavioral health care, HCBS, social services, and focus on social determinants of health that would overall improve and impact the population we serve.



In alignment with DDD's contractual requirements with AHCCCS, the Division has identified a team to work on NCQA (National Committee for Quality Assurance) Health Equity Accreditation. DDD was given a deadline of October 2025 to achieve this accreditation. Multiple activities related to this project are currently underway. Some goals of the 2023-2024 Cultural Competency Plan relate to this accreditation.

## 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 also 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, DDD has revised its LEP procedure and retired outdated LEP procedures. The new LEP procedure CCLA-001 Limited English Proficiency, Language Accessibility, and Language Services (found as an attachment at the end of this plan) was advertised, shared with all DDD staff, and made available to all staff. In September of 2022, the Division created the DDD Translation and Interpretation Services Desk Aid. It was posted under the Cultural Competency and Language Accessibility resource page and posted in a shared procedures folders accessible to all DDD staff. The desk aid 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 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 four 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.
4. Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services provides behavioral health counseling, marriage and family therapy, nursing, psychology, and social work professionals in health and human services settings with information on understanding, supporting, and advocating for individuals who identify as LGBTQ+.

All new Division staff are required to take the first three training sessions within 30 days of hire and annually thereafter. The fourth training is optional for Division staff but is highly recommended so they can work with diverse populations. Some Support Coordination and Network staff also received training by attending the Annual American Indian Disability Summit in March 2023, the Institute for Healthcare Advancement Health Literacy Conference in May 2023, and the Annual African-American Conference on Disabilities in June 2023. Division staff also attended the Cultural Competency Coalition Conference in August of 2023.

Additionally, during contract year 22-23, the DDD Cultural Competency Unit provided presentations and training for multiple DDD departments regarding DDD's obligation to provide language accessibility to all its members and customers.

### **Qualified Vendor, Subcontractor, 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 Foundations of the DDD. One purpose of the provider training is to develop an understanding of cultural competence in working with individuals with developmental disabilities, especially those requiring behavioral support.

The Division holds statewide Qualified Vendor Meetings monthly. Cultural Competency is a standing agenda item for Monthly Qualified Vendor Meetings to ensure awareness of the importance of providing services in a culturally and linguistically 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 policies are reviewed to determine whether they include:

- The method the Qualified Vendor will use to ensure the member receives services in their preferred language.
- The method the Qualified Vendor will use for providing interpretation services at no cost to DDD members
- The method the Qualified Vendor will use for translating written documents at no cost for DDD members
- How the Qualified Vendor will train staff to meet members' cultural needs
- A description of additional/ongoing training and assistance provided to staff on providing culturally competent services to members
- How the Qualified Vendor will encourage member participation in cultural events in the community
- How the Qualified Vendor will support the member's religious and spiritual needs
- How the Qualified Vendor will support the member's gender preference
- How the Qualified Vendor will obtain feedback from members and families to ensure their cultural and individual needs and preferences are respected



DDD makes its subcontractors aware of the importance of providing language access and culturally competent services to members. Via AdSS 405 Policy Cultural Competency, Language Access Plan and Family Member Centered Care, DDD informs subcontractors that it is the AdSS responsibility to train their staff and offer training to their providers that covers the importance of culturally competent services. Through the Cultural Competency Plan that subcontractors submit annually to DDD, the subcontractors demonstrate compliance by presenting data on the cultural competency trainings that they administer to their own staff and that they offer to their providers.

For additional and ongoing cultural competency training, the subcontractors have the responsibility of providing this training to their own staff and to providers. As outlined in ACOM 405 Policy, the Subcontractors provide data on how they track and monitor the participation of their own staff and providers in cultural competency trainings. This data is submitted to the Division annually through the Cultural Competency Plans from DDD subcontractors, and reviewed by the Cultural Competency/Language Accessibility Unit.

## **Evaluation and Monitoring**

The Cultural Competency and Language Accessibility Manager and the DDD 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 surveys.

### **Division Surveys**

The Division sees value in evaluating and monitoring the effectiveness of the Cultural Competency Program via several surveys. A department at DDD is tasked with conducting ALTCS Case File Member Surveys throughout the year. DDD conducted Cultural Competency surveys with Qualified Vendors, Members/Families in August-October of 2023. Members and their families were surveyed to obtain qualitative data regarding the services they received from 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. Finally, the Division introduced a Cultural Competency survey for DDD staff as a way to obtain baseline information about Staff's perception of DDD's overall cultural competency.

### **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 114 reviews were completed with members/families responding to the telephone survey. In the previous year, 4,754 reviews were completed. This was a decrease of 97.6% of file reviews. The ALTCS Case File reviews and satisfaction surveys were performed for quarters 2-4 of FY 23. Data for July 2023 - September 2023 (FY 2024 qtr1) will not be available until the end of this year. The Division is establishing a plan to gather data that is more representative of our DDD population.

For the ALTCS case file reviews and satisfaction surveys, when asked, "Are planning meetings conducted in your primary language?" The survey response demonstrates that 100% of members' planning meetings are conducted in the members' preferred language.

If the member/responsible person speaks a language other than English, were the meetings/contacts conducted in the member’s preferred language?	CENTRAL	EAST	NORTH	EIU	SOUTH	WEST	TOTAL
YES	100%	100%	100%	100%	100%	100%	100%
NO	0%	0%	0%	0%	0%	0%	0%

When asked “Is your provider respectful of member/family’s customs and traditions?” The survey response demonstrates that 100% of providers are understanding and respectful of the member/family’s traditions.

Are the individuals who work with the member respectful of the member’s customs and traditions?	CENTRAL	EAST	NORTH	EIU	SOUTH	WEST	TOTAL
YES	100%	100%	100%	100%	100%	100%	100%
NO	0%	0%	0%	0%	0%	0%	0%

### Cultural Competency Qualified Vendor Survey 2023

The Division conducted a Cultural Competency Survey for Qualified Vendors in October 2023. The survey includes cultural and linguistic needs and services provided by the Qualified Vendors. Of the approximately 800 Qualified Vendors, 220 vendors responded. The previous year, the Division received 47 responses. This is a 78% increase in responses. Based on the data, the percentage of Qualified Vendors reporting that they provide annual training on Cultural Competency to their staff decreased from 79% the previous year to 67% in 2023. To address the decrease, the Division will continue to emphasize to Qualified Vendors the importance of offering cultural competency training for their staff. 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 the 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. Of those, 64% reported updating the plan annually, 8% reported semi-annually, and 28% reported every two years. Also, 82% of Qualified Vendors are using bilingual staff, and 97% are recruiting staff reflective of members’ culture and linguistic diversity.

The Division values Provider feedback and has multiple channels to obtain Provider input. DDD holds monthly meetings with Providers to share important and relevant information. This is an open forum where Providers ask questions in real time, and are encouraged to provide feedback. Subject matter experts from multiple departments at DDD are present to answer Provider questions and concerns. Providers are made aware that at any point, they can use the DDD Customer Service Center as a resource to submit inquiries and provide feedback to DDD. The Customer Service Center then elevates those inquiries and feedback to the appropriate DDD department. Another way that DDD receives Provider feedback is through the AAPPD (Arizona Association of Providers for People with Disabilities). DDD participates in monthly meetings with AAPPD with the purpose of obtaining Provider feedback to improve service and service delivery.

The Division provides training at the monthly statewide provider meetings regarding cultural competence and how to offer services in the member’s preferred language. The Division has a list on its website of interpreting and translation agencies that Qualified Vendors can contract/subcontract. Qualified Vendors are reminded of the process at these monthly meetings. However, 65% of Qualified Vendors report staff have access to

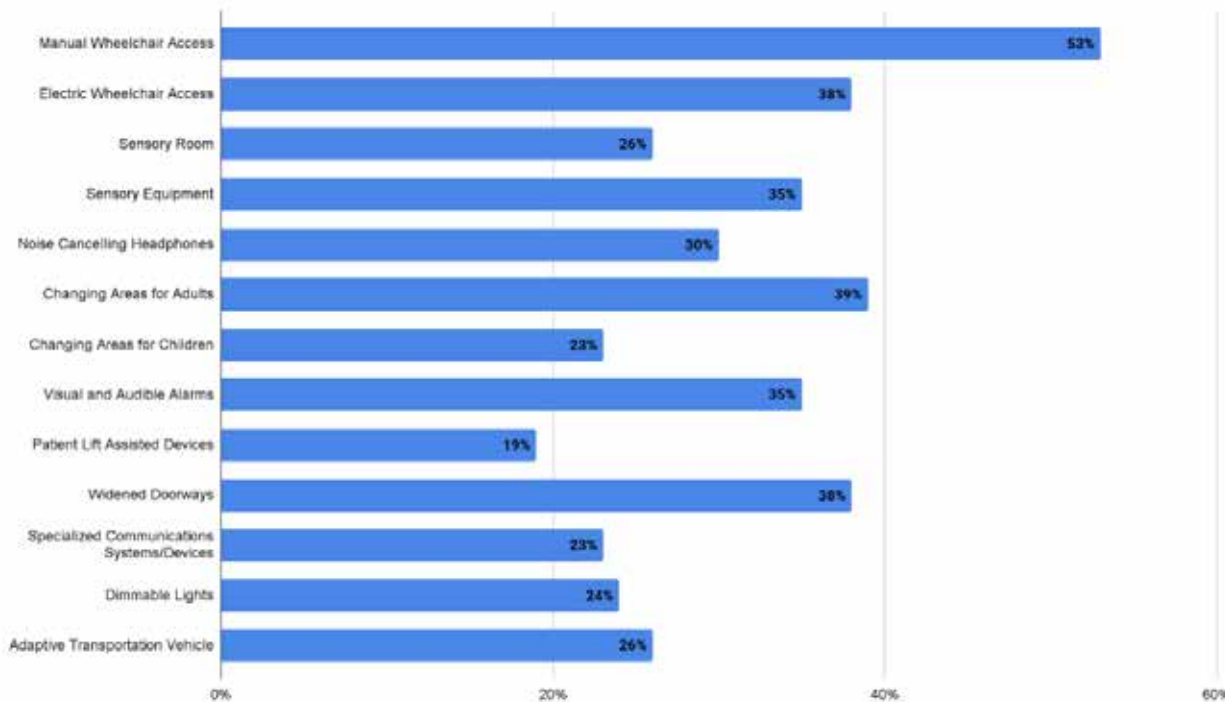
qualified interpreter services. Qualified Vendors reported 67% provide education to staff on how to access and use interpreter services. The survey results show only 32% subcontract over-the-phone, Video Remote Interpreting or in-person interpreting for assessment, treatment, and other interventions with members who have Limited English Proficiency (LEP). Qualified Vendors reports 17% of DSPs who are ASL proficient hold a certification or degree in this field. 78% of forms that are filled out by the member or family/guardian are written in their preferred language. Although reimbursement resources are provided to the Qualified Vendors, there is still low utilization. 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 monthly 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 and language accessibility. The Division will continue its effort to address and improve cultural competence and language accessibility within the Qualified Vendor community.

Cultural Competency Survey for Qualified Vendors	YES	NO
Does the Qualified Vendor have a Cultural Competency Plan	89%	11%
Does the Qualified Vendor provide Cultural Competency training to staff	89%	11%
The Qualified has a method to translate documents into other languages for members or family/guardians with Limited English Proficiency (LEP)	83%	17%
The Qualified Vendor forms that are filled out by the member or family/guardian are written in their preferred language	78%	22%
The Qualified Vendor uses bilingual direct support professionals (DSP) for assessment, treatment, and other interventions with members who have Limited English Proficiency (LEP)	82%	18%
Does the Qualified Vendor subcontract over-the-phone, Video Remote Interpreting or in-person interpreting services for assessment, treatment, and other interventions with members who have Limited English Proficiency (LEP)	32%	68%
If the Qualified Vendor has DSPs who are ASL proficient to communicate with members, do these DSPs hold a certification or degree in this field	17%	83%
Do Qualified Vendor staff have access to any qualified interpreter services	65%	35%
Does the Qualified Vendor provide education to staff on how to access and use interpreter services	67%	33%
The Qualified Vendor recruits staff who reflects the cultural and linguistic diversity of its members	97%	3%
Does the Qualified Vendor promote an inclusive work environment, inclusive on the basis of race/ethnicity, religion, sex, gender identity, and national origin	94%	6%

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.

The chart below represents 101 respondents that claimed their services were center based.

If the Qualified Vendor provides center-based services, what special accessibility features are offered



### Cultural Competency Member and Family Survey 2023

In August of 2023 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. In 2022, the Division received 92 responses to this survey. In 2023, the Division received 927 English responses and 51 Spanish responses. This was an increase of 960% in 2023 of total responses. Efforts will be made to significantly increase participation for the following year, particularly from those members with Limited English Proficiency.

## English 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/Counselor/Psychiatrist)
Do the following providers respect your cultural choices? Culture means behaviors, beliefs, traditions, and customs that make up who you are	97%	98%	95%	93%	85%	94%
If you want the involvement of your family in your care, do the following providers respect that?	99%	98%	97%	93%	87%	96%
If you have spiritual/religious beliefs and practices, do the following providers respect those beliefs and practices?	99%	99%	97%	93%	87%	96%
Are the following providers respectful of your race and/or ethnicity?	99%	99%	98%	94%	90%	97%
If you identify as a member of the LGBTQ+ community, do the following providers respect your identity and care needs?	89%	90%	87%	85%	80%	87%
If you speak a language other than English, do the following providers speak to you in a language you understand?*	100%	93%	100%	86%	100%	88%

(% 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/Counselor/Psychiatrist)
If you speak in a language other than English, do the following providers use interpretation services to communicate with you if needed?*	100%	92%	100%	86%	100%	100%
If you prefer to read in a language other than English, do the following providers offer you important documents in a language you understand?*	92%	86%	89%	86%	100%	100%

\*These questions in the survey were for LEP members that chose to take the English survey. Fifteen individuals responded to these questions. Members that completed this section included 1 Arabic speaking, 13 Spanish speaking, and 1 American Sign Language speaking.

### Spanish 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/Counselor/Psychiatrist)
Do the following providers respect your cultural choices? Culture means behaviors, beliefs, traditions, and customs that make up who you are	96%	100%	100%	100%	100%	100%
If you want the involvement of your family in your care, do the following providers respect that?	100%	100%	100%	98%	90%	100%

(% 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/Counselor/Psychiatrist)
If you have spiritual/religious beliefs and practices, do the following providers respect those beliefs and practices?	98%	100%	100%	98%	97%	100%
Are the following providers respectful of your race and/or ethnicity?	98%	100%	100%	98%	97%	100%
If you identify as a member of the LGBTQ+ community, do the following providers respect your identity and care needs?	100%	100%	100%	96%	96%	100%
If you speak a language other than English, do the following providers speak to you in a language you understand?*	92%	91%	98%	93%	95%	95%
If you speak in a language other than English, do the following providers use interpretation services to communicate with you if needed?*	92%	94%	97%	95%	95%	95%
If you prefer to read in a language other than English, do the following providers offer you important documents in a language you understand?*	94%	94%	100%	98%	97%	98%

Survey Analysis: The Division offered the survey in English and Spanish. In the English Cultural Competency Member Survey, Doctors/PCP and DDD Support Coordinators scored the highest in all categories. Their scores ranged from 86%-100%. In-home caregiver, developmental home provider and behavioral health provider scored slightly lower. The lowest scoring provider group was group home providers. For questions concerning



respecting cultural choice, involvement of the members family, respecting religious/spiritual beliefs, respecting race/ethnicity, and respecting members LGBTQ+ identity, these providers' scores ranged from 80%-90%. All providers in the English member survey scored similarly for the question regarding respecting the member's LGBTQ+ identity. Scores ranged from 80%-90% for all providers. The English Cultural Competency Member Survey contained 3 questions for Limited English Proficiency (LEP) family/members that wished to complete the English survey. Fifteen individuals responded to these questions. Members that completed this section included 1 Arabic speaking, 13 Spanish speaking, and 1 American Sign Language speaking. When asked if providers speak to them in a language they understand, use interpretation services to communicate, and if the providers offered documents in a language they understood, members/families responded positively for all providers with scores ranging from 86%-100%. Developmental home providers scored 86% on all three questions. The Spanish Cultural Competency Member Survey showed a positive trend as well. Scores ranged from 90%-100%. The 90% was in response to group home providers involving the family in the member's care. In the future, efforts will be made to increase the scores of the other providers by providing technical support when needed.

### DDD Cultural Competency Staff Survey

During the Spring of 2023, the Division administered a Cultural Competency Survey for DDD Staff. The purpose of this survey was to understand if DDD is maintaining a diverse, equitable, and inclusive work environment that promotes a safe and cohesive workplace. The findings of this survey will help the Division to implement strategies to create a more culturally competent organization. This survey was conducted completely confidential. There were 609 total responses, which is about 25% of DDD's workforce. Overall, the majority of the responses are favorable, and suggest that staff perceive DDD as an inclusive, and culturally competent organization.

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
DDD promotes a culturally inclusive workplace.	40%	45.1%	11.5%	2.3%	1%	-
I am comfortable talking about my race and ethnicity with my co-workers.	33.4%	36.2%	21.1%	4.6%	2.1%	2.5%
DDD provides opportunities and/or local resources to participate in events related to cultural diversity and inclusion.	23.4%	38%	31.7%	6.3%	0.7%	-
If I have a religious or spiritual belief, management, and leadership are accommodating and supportive of those beliefs.	17.8%	33.1%	32.4%	1.8%	1.5%	13.5%
I know who to contact if I were to experience discriminatory behavior in the workplace based on race, national origin, color, religion, age, sex, gender identity, and/or disability.	27.3%	51.6%	10.9%	8.7%	1.5%	-
DDD has policies and procedures that address cultural competency in the workplace.	24%	54.6%	18.9%	2%	0.5%	-

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
My coworkers and leaders are respectful of those who identify as members of the LGBTQ+ community.	28.5%	41.3%	19.4%	1.5%	0.5%	8.9%
Compared to other organizations I have worked for, DDD is a culturally competent organization.	23.8%	46.4%	24.7%	2.8%	1.2%	1.2%
DDD is responsive to employee grievances related to cultural concerns.	14.3%	28.3%	33.1%	2%	1.8%	20.6%
If I speak another language, I am free and encouraged to speak my language at work.	11.5%	24.9%	22.2%	2.6%	0.5%	38.2%
DDD celebrates the different ethnic and racial backgrounds of its employees.	24%	41.7%	28.9%	4.1%	1.3%	-

Amount of Training Related to Diversity and Inclusion	Too Much	Sufficient	Not Sufficient
DDD provides sufficient training/educational programs to its workforce related to diversity and inclusion.	3.6%	85%	11.4%

### Grievances 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 related to Spanish-speaking families requesting a Spanish-speaking Support Coordinator. DDD attempts to assign Spanish bilingual staff 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 45 days. The longest open complaint regarding Cultural Competency/ Language Access 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 fourteen (14) total grievances this plan year about language access. All were resolved to the member’s satisfaction within required timeframes. DDD will continue 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 Plan:

- The Division strives to provide a culturally competent environment to its employees at all times, and it was decided that the DDD Cultural Competency Staff Survey will be administered annually, as a way to evaluate and obtain feedback from staff about DDD’s cultural competency as an organization.
- The Division created Division Operation Manual 405, Cultural Competency, Language Access Plan, and Family/Member Centered Care.
- DDD created a Limited English Proficiency procedure and retired two outdated procedures. The new

Procedure was advertised to all DDD staff, and it's available for everyone. The new procedure provides clear guidance on language accessibility at DDD.

- The Division identified a staff member to serve as the point of contact for the Refugee Resettlement Program, to attend Public Health consultation meetings and assist with Refugee-related efforts and initiatives.
- Participation in the Refugee Roundtable group resulted in the Division translating some Eligibility documents to other languages such as Arabic, Dari, Farsi, Kinyarwanda, Pashto, Swahili, Ukrainian, and Vietnamese.
- The Cultural Competency and Language Accessibility unit has been added as a member of DDD Training MercyCommittee to serve as subject matter experts on cultural awareness and language accessibility trainings.
- The Division has identified the Culturally and Linguistically Appropriate Services as an effective way to improve the quality of care, and to help DDD address the disparities stemming from cultural and communication barriers that certain communities face. DDD has reviewed the National CLAS Standards and has plans to follow and embed CLAS Standards to the organization's service delivery.

## 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 (MCP)
- United Health Care Community Plan (UHCCP)

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, Language Access Plan and Family/Member Centered Care 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."* To ensure that the subcontractors meet those obligations, DDD performs its own annual assessment related to language access compliance. By October 30 of every year, the health plans' compliance teams and the Division's compliance team coordinate the submission and receipt of the Cultural Competency and Language Access Plans. The DDD Cultural Competency and Language Accessibility Unit reviews both plans against the ACOM 405 checklist. If additional information is needed from the Health Plans, the Division would reject the plan. If no additional information is needed, the Division would incorporate

relevant sections from the two different plans to the Division's own Cultural Competency and Language Access Plan. The Division's plan is then submitted to AHCCCS for review. The Division has completed this assessment and has determined that both subcontractors are in full compliance with their obligations of language accessibility under civil rights statutes and regulations.

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, Language Access Plan, and Family/Member Centered Care (hereafter "the CCP") 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 healthcare providers at all levels. Annually, both Health Plans are required to submit their Cultural Competency and Language Access Plans to DDD. The Division thoroughly reviews their Plans against the ACOM 405 checklist. Sections of their Plans are incorporated to DDD's Cultural Competency and Language Access Plans before being submitted to AHCCCS.

The Division evaluated the subcontracted health plans' CCP 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 addresses 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 Cultural Competency and Language Access Plan**

Mercy Care is a not-for-profit health plan offering integrated care to children, adults and seniors eligible for AHCCCS benefits. Their broad network of providers offers services and support for members with the Division of Developmental Disabilities (DDD).

Since 1985, Mercy Care's commitment to the health of their members and AHCCCS and DDD whole person

care initiatives and goals, demonstrated by their various lines of business and Non-TXIX population, remains unwavering. MCP whole person approach addresses member social risk factors and social determinants of health (SDOH) by facilitating member access to the right balance of compensable and non-covered services and maximizes service impact through leveraging braided Medicaid and non-Medicaid funding.

MCP comprehensive cultural competency program is delivered in a culturally competent manner inclusive of those with Limited English Proficiency (LEP) and the comprehensive health of their 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, gender, sexual orientation, gender identity, health status, age or disability.

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.

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. CSRs and 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.

Mercy Care ensures the timely translation of all materials into Spanish, as this is a threshold language in Arizona. 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.

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 displayed in their reception/lobby areas which informs the availability of free of cost language services.

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 to assess the system for language utilization and capacity is to produce a report on contracted provider qualified bilingual staff. Through this report, MCP can see languages available throughout their network, as well as levels of qualification within the contracted provider workforce. This item is also assessed via CLAS standards auditing processes.

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.

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.

All Mercy Care and contracted provider staff are required to take a mandatory Cultural Competency training. This training teaches about identified languages in Arizona, 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.

Mercy Care works with its subcontractors to ensure adherence and compliance with regulations enforced by AHCCCS and DDD 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.

Mercy Care provided an in depth analysis of how the organization met the previous years goals and provided evidence. Mercy care has provided a list of goals for the upcoming year.

Goal	2024 Mercy Care Health Equity Workplan – Yearly Planned Activities
Goal #1	Improve Mercy Care's capabilities to meet federal and state Limited English Proficiency (LEP), and CLAS standards mandates.
Goal #2	Address members' concerns according to a member's literacy and culture by monitoring member grievances, satisfaction surveys, provider audits, member demographic reports, and other pertinent information.
Goal #3	Adhere to internal writing standards for plain language and state and federal regulatory agency evaluation requirements for all Mercy Care literature and printed materials.
Goal #4	Communicate the training requirements to staff and ensure that leadership attests to the completion of the training.
Goal #5	Improve and support culturally and linguistically competency in the health care system.
Goal #6	Evaluate the cultural diversity of MCP membership by assessing needs and priorities in order to provide culturally competent care and reduce disparities.
Goal #7	Evaluate network, outreach services, and other programs to improve accessibility and quality of care for members, particularly for residents of rural areas and older adults.

## UnitedHealthcare Community Plan Cultural Competency and Language Access Plan

UnitedHealthcare Community Plan (UHCCP) seeks to enhance the health and well-being of the members served and the communities in which they live. UHCCP works with healthcare professionals and other key partners to expand access to quality healthcare to provide members with the care they need. UHCCP supports the physician/patient relationship and empowers the members with the information, guidance, and tools they



need to make personal health choices and decisions. UHCCP's comprehensive Cultural Competency Plan (CCP) describes how health care and services are delivered to members in a family/member centered and culturally competent manner.

The purpose is to serve culturally and linguistically diverse populations statewide. UHCCP does not discriminate against individuals based upon health status or the need for health care services. The organization does not discriminate against individuals based upon race, color, or national origins, and does not use policies or practices that may initiate discrimination in any form or manner. UHCCP respects and recognizes cultural, linguistic, gender, sexual orientation, socioeconomic, and spiritual- and faith-based differences and how these various facets influence an individual's desire and ability to engage in their own health care decisions.

UHCCP assesses the language assistance needs of the members, as well as the processes to assess the capacity to meet the needs. The organization assesses the needs and capacity through the following methods and frequencies: Data analysis of language code information provided by AHCCCS conducted annually, monitor LanguageLine Solutions utilization monthly, monitor American Sign Language utilization monthly, monitor grievances for language access issues both real-time and monthly for trends.

The UnitedHealthcare Community Plan of Arizona AHCCCS Complete Care, DD, and ALTCS Provider Manual provides guidance expectations and offers cultural resources. Providers are expected to:

- Recruit and support culturally and linguistically diverse representation within governance, leadership, and the workforce responsive to the population in the services area.
- Educate staff in culturally and linguistically appropriate policies and practices on an ongoing basis. Care providers with direct care responsibilities must complete mandated Cultural Competency training.
- Comply with Language Access Services (LAS)

Providers can download the I Speak Card to help patients identify their preferred language and arrange for interpretation services.

UHCCP's Member Call Center is able to identify and assess the member's need for language assistance in real time. When a member calls into the Member Call Center, the answering system offers the caller the option to speak with a Spanish speaking Advocate. Additionally, if the member does not select Spanish during the prompts or speaks another language, the Advocate will assess the member's need to be assisted in a language other than English. The Advocate engages the vendor, LanguageLine Solutions, to communicate with the member.

UHCCP follows the requirements outlined in ACOM 404 including: taglines, vital materials, written materials, readability, and oral interpretation. All written materials for members are translated into Spanish regardless of whether they are vital. UHCCP ensures that all information prepared for distribution is written in an easily understood language and format. UHCCP makes every effort to maintain the information at a sixth grade reading level as measured on the Flesch-Kincaid scale. Member materials requiring AHCCCS/DDD approval are submitted for review and approval. Materials sent for AHCCCS/DDD 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.

UHCCP utilizes health plan policies to ensure that 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 by regulators 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.



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. UHCCP follows the requirements outlined in ACOM 404 for Taglines, Vital Materials, Written Materials, Readability, and Oral Interpretation. UHCCP makes oral interpretation services available to members at no cost, including translation of documents written in English into the member's preferred language. This applies to American Sign Language and all non-English languages, not just those identified as prevalent. UHCCP ensures interpretative services, including the use of auxiliary aids such as TTY/TDD, are made available.

The Cultural Competency Coordinator works alongside and in conjunction with the DE&I Council to identify and provide relevant educational topics that are presented monthly to staff with the goal of increasing knowledge and understanding of the various populations served. In 2023, UHCCP offered 20 cultural competency presentations, including biannual all-staff DE&I Forums that highlight cultural events. Every live presentation is recorded and made available, allowing individuals who did not attend to listen and experience the educational opportunity. Customized UHCCP staff training is created to fit the needs of staff based on the nature of their contact with providers, members, families/HCDMs. Via LearnSource, all health plan staff are trained and provided resources to support the understanding and knowledge of available services across the continuum of care for members with special health care needs (SHCN).

UHCCP regularly evaluates the accessibility and quality of language assistance activities. Evaluation methods include:

- Call center representatives receive feedback through after-call surveys.
- Member grievances are used to monitor the satisfaction of services with LanguageLine Solutions, Call Center language assistance, written materials, and in person interpreter services, including sign language.
- Utilization reports of oral interpreters and translations are evaluated to ensure that members are receiving interpreter and translation services.
- Provider call calibrations are completed monthly to monitor Spanish interpretation call services by LanguageLine Solutions.

UHCCP involves the community in aspects of its operations including access to language assistance. Through the Member Advisory Councils, members, providers, and advocacy organizations can provide input to the operations of the organization. Cultural Competency is a topic of focus, and UHCCP receives input related to serving the members in a culturally appropriate way. Participation in the Cultural Competency Collaborative with other AHCCCS plans is another way to expand the connections in the community and receive diverse feedback on the organization's operations. UHCCP measures member satisfaction through Net Promoter Score (NPS) surveys to evaluate the member experience including member materials.

UHCCP's contracts with subcontractors include necessary program-oriented regulatory appendices. Within the 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 Vendor Relationship Owner (VRO), responsible for management of contract compliance. The VRO monitors compliance with contractual terms including responsibilities of language access.

United Healthcare provided an analysis of how the organization met the previous year's goals. United Healthcare has provided a list of goals for the upcoming year.



Goal	2024 UnitedHealthcare Cultural Competency Goals
Goal #1	Increase the percentage of Black or African American members receiving breast cancer screening from the 2022 rate of 50.7 percent.
Goal #2	Increase the percentage of Black or African American members receiving cervical cancer screenings from the 2022 rate of 51.8 percent.
Goal #3	Prepare for the submission of the NCQA Health Equity Accreditation in 2025.
Goal #4	Establish a new process for subcontractor monitoring and oversight pertaining to internal Spanish speaking member calls and Spanish speaking member calls served by subcontractors.

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

The Division’s Executive Leadership Team has formally:

- Evaluated the effectiveness of the CYE 2022-2023 Cultural Competency Plan Evaluation Work Plan strategy and activities: and
- Reviewed and approved the CYE 2023-2024 Cultural Competency and Family Centered Care Plan/ Language Access Plan and work plan on November 7, 2023.

The DES DDD CYE 2022-2023 Cultural Competency Plan Evaluation and the CYE 2023-2024 Cultural Competency Plan and work plan responsibility and approval:

Name	Title	Role	Signature
Cecilia Andrade	Cultural Competency and Language Accessibility Manager, DES, DDD	Responsible for the Cultural Competency Plan	 _____
Nicolette Fidel	Chief Operations Officer, DES, DDD	Approver for the Plan	 <a href="#">Nicolette Fidel (Jan 26, 2024 16:44 MST)</a> _____

NGF

## Attachments

- 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: DE-REL-BHC Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services-transcript
- Attachment E: Arizona Long Term Care System (ALTCS) Member Handbook 2023 – 2024
- Attachment F: MemberNewsletter\_Summer 2023
- Attachment G: 09\_2023\_Member\_Update
- Attachment H: DDD-2089A PCSP
- Attachment I: Provider Manual: CHAPTER 26 - CULTURAL COMPETENCY AND MEMBER AND FAMILY CENTERED CARE
- Attachment J: 2023 Family Support Program Annual Report July 1, 2022 to June 30, 2023
- Attachment K: SC-055 Person Centered Service Planning
- Attachment L: CCLA-001 Limited English Proficiency, Language Accessibility and Language Services