



DIVISION OF  
**DEVELOPMENTAL  
DISABILITIES**

**CULTURAL COMPETENCY AND LANGUAGE  
ACCESS PLAN**

**Contract Year 2025-2026  
October 1, 2025 - September 30, 2026**

Zane Garcia Ramadan  
**Assistant Director**



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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

The Division of Developmental Disabilities empowers individuals with developmental disabilities to lead self-directed, healthy and meaningful lives. DDD provides support and services for eligible Arizonans that are diagnosed with one of the following developmental disabilities:

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

DDD serves approximately 62,088 people with developmental disabilities and their families throughout Arizona each year.

## How Care and Services are Delivered

The Department of Economic Security (the Department or DES), Division of Developmental Disabilities (the Division or DDD) strive to deliver support to individuals with intellectual/developmental disabilities (ID/DD) in a culturally competent manner for individual and diverse cultural, racial, ethnic, geographic, social, spiritual, and economic backgrounds, including those with Limited English Proficiency (LEP) and medical, developmental, educational, emotional, cultural, environmental, and financial needs, and regardless of sex, gender, sexual orientation, gender identity, national origin or age. The Cultural Competency and Language Access Plan is the guiding document used to improve service delivery and make adjustments to support the cultural and linguistic needs of members' access to care. This plan is regularly evaluated and reviewed by the Division's Executive Leadership Team (ELT). The Division provides holistic care by understanding members' needs by providing appropriate resources to improve their overall well-being. By honoring the diverse backgrounds of individuals and families, DDD aims to provide comprehensive care. Consistent and effective 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 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 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 the Division knows 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 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' individuality, diversity, perspectives and choices. This plan aims to describe all ways in which the Division supports this fundamental belief.

While all employees at DDD are responsible for providing culturally competent care, the Division's Support Coordinators are at the forefront of ensuring care and services are delivered in a culturally competent, family/member-centered manner. They ensure that the member receives person-centered care. 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). During planning meetings, Support Coordinators use the PCSP as their guiding document with DDD members. The Support Coordinator is responsible for ensuring 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 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. The Division continues to revise policies and procedures related to planning meetings and implement updates as needed.

The Division maintains PCSP policies and procedures that are revised as new PCSP requirements are identified. The following PCSP policies, procedures and other guidelines support the medical, developmental, educational, emotional, cultural, environmental, and financial needs of members and their families.

Division Medical Policies:

1. 1620-B Person-Centered Needs Assessment and Service Planning Standards
2. 1620-D Person-Centered Service Planning Standards
3. 1620-E Service Plan Monitoring and Reassessment Standards

Division Procedures:

1. SC-100-SC Person-Centered Principles Handbook

Practice Guidelines:

1. Behavioral Health: Assessing Behavioral Health Status Practice Guideline
2. Needs Assessment Supplemental Screening Tool Practice Guideline
3. PCSP Documentation Practice Guideline
4. Physical Health: Fatal Five Practice Guideline
5. Planning Meeting Review Form Practice Guideline
6. Change of PCSP Form Practice Guideline
7. Pre-Planning Activities for Planning Meeting Practice Guideline

Policies for the subcontractors that impact members and families are reviewed through a cultural competency lens. Policies are sent for public comment to facilitate cultural competency collaboration among DDD, members, families, and healthcare providers.

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 [Request for Qualified Vendor Application \(RFQVA\)](#). 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:*

- *The Qualified Vendor shall deliver services in a humane, respectful, and person-centered manner, demonstrating Cultural Competency, and in accordance with any and all applicable professional accreditation standards. Levels of staff qualifications, professionalism, numbers of personnel and*

*individuals identified by name shall be maintained as presented in the QVA.*

- *The Qualified Vendor shall subcontract with or utilize only those persons that demonstrate culturally competent and person-centered practices, who meet accessibility standards for members with disabilities, and who do not discriminate based on ethnicity, gender, age, race, religion, marital status, sexual orientation, or socioeconomic status. Subcontractors and their credentials shall meet all the requirements that apply to the Qualified Vendor.*
- *Represent themselves, their credentials, and their relationship to Qualified Vendor accurately to members and others in the community.*
- *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 policies 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.*
- *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.*

Support Coordination continues to use the vendor call process for residential services. 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 Coordinators are 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, housing assistance, behavioral health and substance use, food and nutrition, among others. The Division continues creating and publishing new Quick Reference Guides, as needs are identified. The purpose of the Quick Reference 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 and 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 spiritual beliefs.

Internally, the Division works to establish and maintain a consistent, universal approach to cultural competency. The Division manages a culturally competent and diverse workforce statewide and it has standardized processes across all lines of business.

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 at no cost
- Give information about their member rights and protections (e.g., Health Insurance Portability and Accountability Act [HIPAA])

The Division publishes the [DDD Member Rights and Responsibilities](#) handbook annually. In the handbook members and families are informed they may file a HIPAA Title II complaint if they asked for an accommodation or a better way to understand something and they were denied. Members and families are informed they have the right to ask their Support Coordinator for an interpreter so they can understand and participate in meetings. Members are informed they can participate in any social, religious, educational, cultural and community activity. The Division provides an acknowledgment that all individuals will “be treated fairly regardless of race, ethnicity, culture, national origin, ancestry, religion, gender identity or expression, age, health, social origin or condition, creed, behavioral condition (intellectual) or physical disability, sexual orientation, genetic information, marital status, medical condition or ability to pay.”

During the planning meetings members and families sign the Acknowledgement of Publications/Information DDD-1512A form. Via this document, members and families are informed that the DDD Members Rights and Responsibilities handbook as well as the Notice of Privacy Practices may be obtained from the Division website.

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. Per [Division of Developmental Disabilities Medical Policy Manual Chapter 1600 Case Management 1620-P Interdisciplinary Collaboration](#) Support Coordinators and other

Non-Clinical Staff have access to Clinicians for guidance in meeting the Member's physical or behavioral health care needs.

Health Care Services' primary functions are to implement and monitor the Medical Management program, as well as to provide clinical expertise tailored to members' needs. Health Care Services monitors the contracted DDD ALTCS Health Plans' delivery of physical and behavioral health services to Division members.

- Nurses provide assessments for home and community based nursing services and are a part of planning teams.
- Nurses provide technical assistance to teams regarding medical questions including terms used to describe medical procedures, medications, or treatment.
- Therapy Coordinators provide technical assistance to teams regarding therapy services and how to access those services.
- Nurses, therapists, or doctors can respond to specific questions related to the services provided, including decisions made regarding the denial of services.
- Nurses, therapists, or doctors can conduct peer-to-peer consultations regarding physical health services, including therapy services.
- The MCH/EPSTD Coordinators can respond to questions about Maternal Child Health (MCH) and Early and Periodic Screening, Diagnostic, and Treatment (EPSTD), and services available and how to access those services. Maternal Child Health programs include Maternity services, Family Planning services and supplies, and Women's Preventive Care. EPSTD programs include EPSTD services, EPSTD Dental & Oral Health services, and Children's Rehabilitative Services.
- Complex Care Nurses generally support Support Coordinators during the Interdisciplinary Team (IDT) process; however, if needed for a complex member that is not supported by a District nurse or is not involved in the IDT process, a complex care nurse is available to provide technical support.
- The pharmacist can address specific questions related to medication interactions, dosing, side effects, and concerns about polypharmacy.

The Division ensures that its subcontractors provide and make members aware of their right to no cost translation, and interpretation services, and how to access these services. Via monthly Provider presentations, Provider newsletter and other channels of communication, the Division reminds Qualified Vendors about their obligations to provide language support to DDD members/families. DDD makes members aware through multiple channels, such as division staff informing them of their rights, signage posted in DES offices, and in different areas of 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 [Division of Developmental Disabilities Arizona Long Term Care System \(ALTCS\) Member Handbook 2025-2026](#) 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 about their rights to:

- Materials that recognize your need for empathy, courtesy and respect of culture.
- Have a provider who speaks a language you understand.

- Get information, including this handbook, in another language or format that is easier to read at no cost by calling your Support Coordinator or the DDD Customer Service Center at 1-844-770-9500 option 1 (TTY/TDY 711).
- Get oral interpreter services at no cost by calling your Support Coordinator or the DDD Customer Service Center at 1-844-770-9500 option 1 (TTY/TDD 711). These services may be in person, by video, or over the phone.

Qualified Vendors are required to maintain policies to outline how they deliver culturally competent and language assistance services, by incorporating 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, comply with obligations under civil rights statutes, and regulations enforced by AHCCCS. 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 to Assess for Effectiveness of the Plan

**Background:** As the Division continues promoting health equity, it is important to analyze the composition of our internal committees to ensure they are diverse. Diverse teams bring multiple perspectives and lived experiences, which can result in better analysis of issues and innovative solutions, in order to better understand and serve members.

1. By June 30, 2025, DDD will analyze the diversity of at least 90% of the 16 internal committees for which Division staff are participants.

1.1 - Survey all participants of existing committees.

1.2 - Identify one opportunity for improvement to create more diverse committees.

**Evaluation:** This goal was met. Early 2025 the Division completed a voluntary survey of all internal DDD committee members to analyze its internal committee composition. The survey captured data related to demographic information of committees' members, such as race/ethnicity, sex and age with a cross comparison with its member population. The workgroup identified opportunities for improvement.

**Background:** The Division strives to ensure that the family is recognized as the primary source of support for the member's health care decision-making process. The Division currently captures the members preferred language needs in the Focus database system. Currently, the Division does not capture the guardian's/Responsible person's preferred language.

2. By September 30, 2025, DDD will capture 25% of the preferred language of the guardian/Responsible person in our Focus system.

2.1 - Create a field in Focus to capture the language.

2.2 - Collaborate with multiple DDD departments to provide instructions to enter the data into Focus.

**Evaluation:** This goal was partially met. A new field was created in the Focus database system. In the summer of 2025 DDD informed staff of the new field and instructions to enter new data in Focus. As of October 2025, the Division has captured 4% of the preferred language of the Primary Responsible Person. The low percentage is due to the fact that during the Fall of 2025, the Division prioritized supporting members and families during significant policy changes. The Division will continue its data collection efforts during 2026 to increase the percentage of the captured data.

**Background:** The Division primarily relies on training that is owned by a third party. The third party has the right to discontinue the computer based training (CBT) without notice. It is important for DDD staff to always have access to cultural competency training and will therefore develop its own.

3. By September 30, 2025, the Division will develop two new CBTs about cultural competency, one general about cultural awareness, and one specifically about DDD population.

3.1 - Create an outline of the material that will encompass each CBT.

3.2 - Create a workgroup that will review the content for each module on a bi-weekly basis.

3.3 - Submit trainings to multiple levels of organizational review for approval.

**Evaluation:** The Division partially met this goal. One CBT was fully completed. The second CBT was near completion by the Fall of 2025. Recent guidance from the Federal government, specifically the Department of Justice, led DES and its Divisions to reevaluate its implementation of cultural competency training. These two trainings have not been approved by multiple levels of organizational approval, and DDD has paused the release of both cultural competency trainings. The Division will continue utilizing the currently available Cultural Competency CBT.

**Background:** In order for DDD to have the capacity to meet the language needs of all members, it is imperative that DDD staff have access to an adequate number of language vendors.

4. By June 30, 2025, DDD will increase by 25% the capacity of language vendors that provide interpretation services for DDD staff and members.

4.1 - Select additional language vendors based on the availability and capacity of their services.

4.2 - Issue purchase orders to new language vendors.

4.3 - Revise DDD Translation and Interpretation Services Desk Aid to include more language vendors.

4.4 - Inform and educate staff on new language vendors available.

**Evaluation:** The Division met this goal. The Division met with multiple language vendors who are contracted through the State Procurement Office (SPO). The Division inquired about the number of interpreters, language

availability, and their overall capacity to serve DDD staff/members to time which vendors would be used by DDD. After the language vendors were selected, purchase orders were issued, and the DDD Language Services Desk Aid was revised to include the new language vendors. Via internal newsletter, DDD informed and educated staff on new language vendors available.

## Goals of the 2025-2026 Cultural Competency and Language Access Plan

1. **Background:** The Division currently relies on language vendors that are contracted through the State Procurement Office (SPO). These language vendors have staff who may not be familiar with the nuances of DDD programs and the terminology used within the Division and among members. To minimize DDD's reliance on external language vendors, streamline processes, improve the quality, accuracy, and standardization of terminology, as well as reduce the cost of language services, the Division will create an internal Spanish Language Services Department. This team composed of interpreters and translators will be able to absorb a large portion of Spanish translation and interpretation requests.

**Goal:** By September 30, 2026, the Division will create a Spanish DDD Language Services Department, and will measure progress through achievement of the following milestones:

- 1.1 - Recruit and hire four interpreters, two translators, and one supervisor.
- 1.2 - Create databases for completed translations.
- 1.3 - Create policies/procedures/standard work.
- 1.4 - Inform DDD staff of this new resource, and how to access these services.

2. **Background:** Although DDD has set a goal to create an internal Spanish translation team, DDD will still rely on external language vendors that offer translation services for Spanish and for the 40+ other languages utilized by DDD members. For quality assurance purposes, DDD needs to validate that the processes that translation agencies utilize meet DDD's expectations of quality translations.

**Goal:** By April 17, 2026, the Division will complete meetings with 100% of current language vendors and three potential language vendors that offer translation services. The purpose of the meeting will be to obtain the mechanism that language vendors use to evaluate the quality of their translation and processes used to assess translators' competence, and to assess the capacity of those translation agencies to meet DDD's needs.

- 2.1 - Draft questions for language vendors regarding translator competence and quality of the translation.
- 2.2 - Meet with translation agencies DDD currently uses and three additional ones that have a SPO Language Service contract.

2.3 - Obtain and evaluate the mechanism that language vendors use to evaluate the quality of their translation and translator competence.

**3. Background:** DDD makes multiple language vendors available to DDD staff for interpretation of all languages that members utilize. Language vendors have different processes and staff requirements. One of the best ways to identify gaps in interpretation services is to survey DDD staff who utilize those services. If gaps are identified, initiatives can be created to close those gaps.

**Goal:** The Division will develop a staff survey to obtain feedback about their experiences with contracted interpretation services by 3/19/26.

3.1 - Draft survey questions related to the process to request interpretation services, timeliness when securing interpretation services, perceived quality of interpretation encounter, and any other possible barriers.

3.2 - Create and administer the survey to Division staff

3.3 - Analyze results

**4. Background:** The Division strives to ensure that the family is recognized as the primary source of support for the member's health care decision-making process. The Division currently captures the members preferred language needs in the Focus database system. A new field was created in the Focus database system. In the summer of 2025 DDD informed staff of the new field and instructions to enter new data in Focus. As of October 2025, the Division has captured 4% of the preferred language of the Responsible Person.

**Goal:** By September 30th of 2026, DDD will increase the percentage of responsible persons' preferred language captured in Focus from 4% to 20% of current DDD membership.

4.1 - Inform staff via multiple lines of communication, about the new language field, and instruct staff to update the field regularly.

4.2 - Monitor progress to reach the goal.

**5. Background:** DDD works to strengthen and build strong relationships with Arizona's 22 Sovereign Tribes. DDD is committed to working with American Indian Tribes to improve the quality, availability, and accessibility of human services to children, youth, and adults. To ensure that DDD is accessible to the 22 Arizona tribes, DDD has a Tribal liaison who holds informative presentations for the Arizona tribes to ensure they are aware of eligibility requirements and policy changes. In recent years, the majority of these presentations have been held virtually. For accessibility purposes and for creating a more immersive and engaging experience for the audience and for networking opportunities, DDD sees the value of offering in-person presentations.

**Goal:** By September 30, 2026 the DDD's Tribal Liaison will hold 8 in-person presentations with different Arizona tribes.

5.1 - The Tribal Liaison will track attendance for all in-person presentations and tribal affiliation of attendees.

5.2 - The Tribal Liaison will seek feedback from participants about in-person meetings.

**6. Background:** DDD provides members and the public with Quick Reference Guides, written in plain language, through its DDD website. These Quick Reference Guides help individuals understand, access and use health information to make informed decisions. To improve health literacy DDD will create Quick Reference Guides explaining in plain language the different qualifying diagnoses (Autism Spectrum Disorder, Cerebral Palsy, Down Syndrome, Epilepsy, and Intellectual (Cognitive) Disability) required for consideration of DDD eligibility.

**Goal:** By September 30, 2026 DDD will create a series of 5 Quick Reference Guides to assist members and the public in understanding the individuals that DDD serves.

6.1 - Creating 5 Quick Reference Guides about Autism Spectrum Disorder, Cerebral Palsy, Down Syndrome, Epilepsy, and Intellectual (Cognitive) Disability and submit through levels of regulator approvals.

6.2 - Publish and advertise the Quick Reference Guides.

## Evaluation of Membership

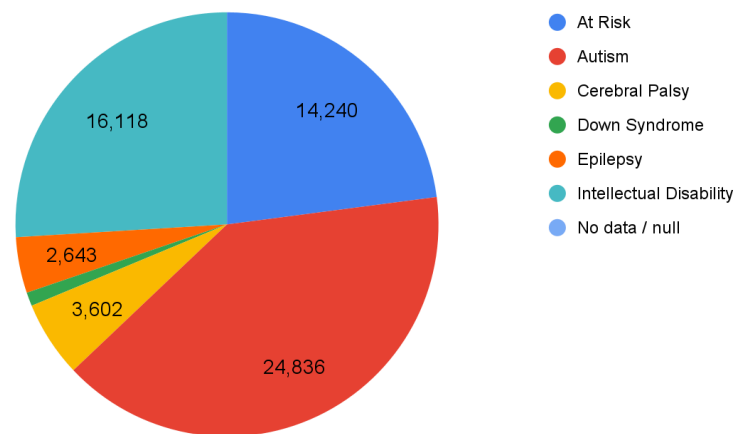
The Division has several methods for evaluating the cultural diversity of its membership to assess the needs and priorities of DDD membership. Assessing the needs and priorities helps the Division provide linguistically and culturally competent care. The Division collects and reviews data about member diagnosis, age, sex, race/ethnicity, identified language needs, and other demographics, and uses the information to guide the Cultural Competency and Language Access Plan.

## Membership Demographics as of 09/30/2025

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

Diagnosis	DD Only	ALTCS	TSC	Total
At Risk	4,251	6,202	3,787	14,240
Autism	2,292	20,356	2,188	24,836
Cerebral Palsy	131	3,348	123	3,602
Down Syndrome	31	570	47	648
Epilepsy	130	2,359	154	2,643
Intellectual Disability	821	14,069	1,228	16,118
No data / null			1	1
<b>Grand Total</b>	<b>7,656</b>	<b>46,904</b>	<b>7,528</b>	<b>62,088</b>

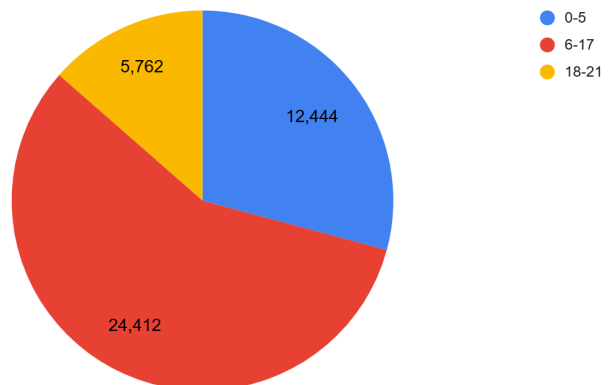
Total DDD Member Diagnosis



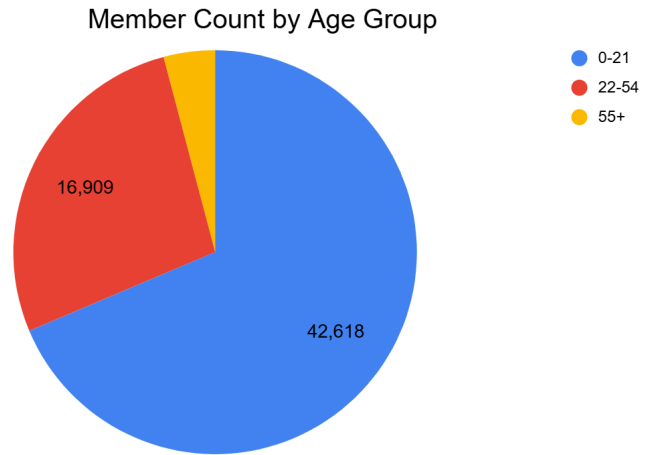
The largest age group of the Division’s population continues to be birth to 21 years of age, which is why family engagement is critical to successful outcomes for these members. The following tables and pie charts show the breakdown of all members by age.

Ages	DD Only	ALTCS	TSC	Total
0-5	4,007	5,020	3,417	12,444
6-17	2,267	19,845	2,300	24,412
18-21	436	4,867	459	5,762
<b>Grand Total</b>	<b>6,710</b>	<b>29,732</b>	<b>6,176</b>	<b>42,618</b>

Member Count 0-21 Age Group

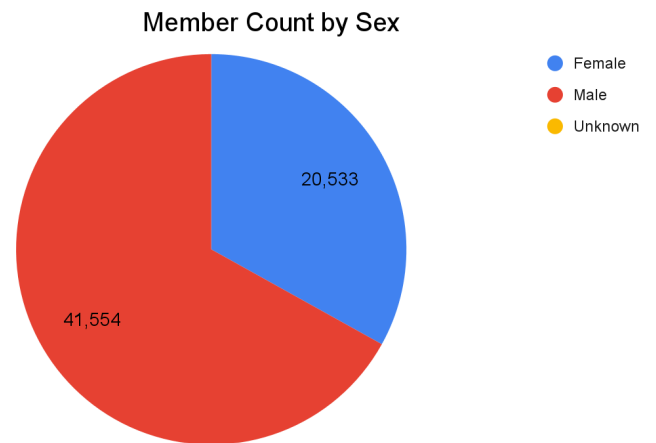


Ages	DD Only	ALTCS	TSC	Total
0-21	6,710	29,732	6,176	42,618
22-54	761	14,945	1,203	16,909
55+	185	2,227	149	2,561
<b>Grand Total</b>	<b>7,656</b>	<b>46,904</b>	<b>7,528</b>	<b>62,088</b>



The following table and pie chart show the breakdown of all members by sex. The prevalence of Autism in males likely accounts for the majority of this population difference.

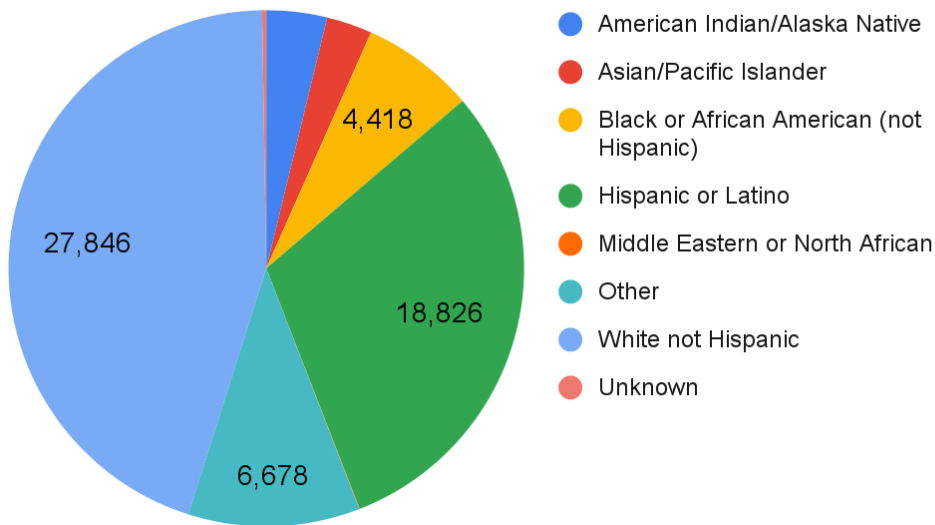
Member Count by Sex				
Gender	DD Only	ALTCS	TSC	Total
Female	2,464	15,454	2,615	20,533
Male	5,191	31,450	4,913	41,554
<b>Grand Total</b>	<b>7,656</b>	<b>46,904</b>	<b>7,528</b>	<b>62,088</b>



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

Race/Ethnicity					
	DD Only	ALTCS	TSC	Total	Percentage of Membership
American Indian/Alaska Native	196	1,788	377	2,361	3.80%
Asian/Pacific Islander	273	1,384	116	1,773	2.86%
Black or African American (not Hispanic)	440	3,399	579	4,418	7.12%
Hispanic or Latino	2,021	14,430	2,375	18,826	30.32%
Middle Eastern or North African	11	5	7	23	0.04%
Other	1,553	3,771	1,354	6,678	10.76%
White not Hispanic	3,130	22,029	2,687	27,846	44.85%
Unknown	32	98	33	163	0.26%
<b>Grand Total</b>	<b>7,656</b>	<b>46,904</b>	<b>7,528</b>	<b>62,088</b>	<b>100.00%</b>

Race/Ethnicity of DDD Members



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/Latino	American Indian/Alaska Native	Other
DDD Membership	3%	7%	45%	30%	4%	11%
DDD Staff	2.5%	12%	36%	29%	2.5%	18%
*Arizona Population	4%	5.5%	53%	31.5%	5%	1%

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

The Division membership grew by 8.1% this contract year compared to the previous contract year. The Division’s membership generally reflects Arizona’s population with slightly lower White (Non-Hispanic) representation of DDD members as compared to Arizona’s population. The composition of DDD staff is significantly under-represented for White (Non- Hispanic) at 36% to 45% of DDD membership. The composition is somewhat over-represented in Black/African American DDD employees at 12% compared to the Division’s membership which is 7%. Additionally, 64% of DDD employees are self-reported as some other ethnicity than White (Non-Hispanic).

In order to provide culturally competent care to its members, the Division assesses the needs, capacities and priorities of its membership. By having a diverse workforce that is similar to the population served, an organization positions itself to better understand and meet the needs of that population. The Division annually monitors DDD workforce, and the DDD membership demographics.

### Language Access

The Division has a robust Language Access Plan and a dedicated team to oversee all language accessibility aspects. 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. Members are informed that they have various points of contact within the Division to secure language assistance services. Division staff are informed that if they have any questions related to language assistance services, they may contact the DDD Language Access Unit.

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. In the event interpretation services are required, they can be scheduled for in-person, over-the-phone, or video remote interpreting (VRI) ahead of time. Spanish-speaking members are usually assigned to a Spanish-speaking Support Coordinator, whenever possible. The LEP procedure CCLA-001 Limited English Proficiency, Language Accessibility, and Language Services 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.

Languages spoken by DDD members by membership type can be found in Attachment L:

Language	ATPC	District Central	District East	District Home	District North	EIU	District South	District West	Specialty District	Grand Total	Percentage
English	47	9,132	13,578	109	3,880	3,648	8,413	12,676	2	51,485	82.92%
Spanish	-	1,598	898	22	128	492	1,900	2,148	-	7,186	11.57%
Null / No Data	-	297	504	24	560	16	677	298	-	2,376	3.83%
Other	-	63	22	-	12	3	52	52	-	204	0.33%
Navajo	-	13	7	-	164	3	-	16	-	203	0.33%
Arabic	-	28	15	1	-	4	22	82	-	152	0.24%
American Sign Language	-	22	23	-	9	2	20	14	-	90	0.14%
Vietnamese	-	12	25	-	5	2	5	21	-	70	0.11%
Swahili	-	10	2	1	-	5	10	15	-	43	0.07%
Somali	-	28	2	-	-	2	-	1	-	33	0.05%
Farsi	-	11	3	-	-	-	2	9	-	25	0.04%
Unknown / Unspecific	-	3	2	-	10	1	3	4	-	23	0.04%
French	-	2	2	-	1	1	3	7	-	16	0.03%
Mandarin	-	4	6	-	-	3	2	1	-	16	0.03%
Cantonese	-	3	5	-	-	-	1	6	-	15	0.02%
Hindi	-	7	1	-	1	1	-	4	-	14	0.02%
Albanian	-	1	5	-	-	-	4	3	-	13	0.02%
Dutch	-	2	3	-	3	-	1	3	-	12	0.02%
Russian	-	5	2	-	-	-	-	2	-	9	0.01%
Sign Exact English	-	1	-	-	1	-	2	5	-	9	0.01%
Amharic	-	2	-	-	1	1	1	3	-	8	0.01%
Kinyarwanda	-	-	-	-	-	1	4	3	-	8	0.01%
Romanian	-	2	-	-	-	1	-	4	-	7	0.01%
Chinese	-	3	3	-	-	-	-	-	-	6	0.01%
Croatian	-	2	-	-	2	-	1	1	-	6	0.01%

Korean	-	2	2	-	-	-	-	2	-	6	0.01%
Tagalog	-	3	1	-	-	1	-	1	-	6	0.01%
Filipino	-	3	1	-	-	-	1	-	-	5	0.01%
Portuguese	-	3	2	-	-	-	-	-	-	5	0.01%
Dari	-	-	-	-	-	1	1	2	-	4	0.01%
Greek	-	1	-	-	1	-	2	-	-	4	0.01%
Japanese	-	2	1	-	1	-	-	-	-	4	0.01%
Bosnian	-	3	-	-	-	-	-	-	-	3	0.00%
Rohingya	-	3	-	-	-	-	-	-	-	3	0.00%
Serbian	-	3	-	-	-	-	-	-	-	3	0.00%
Braille	-	1	-	-	-	-	1	-	-	2	0.00%
Burmese	-	1	-	-	-	1	-	-	-	2	0.00%
Hopi	-	-	-	-	2	-	-	-	-	2	0.00%
Turkish	-	-	-	-	-	1	-	1	-	2	0.00%
Apache	-	-	-	-	1	-	-	-	-	1	0.00%
Bengali	-	-	-	-	-	1	-	-	-	1	0.00%
Bulgarian	-	-	-	-	1	-	-	-	-	1	0.00%
Cambodian	-	-	1	-	-	-	-	-	-	1	0.00%
Declined	-	-	-	-	1	-	-	-	-	1	0.00%
Italian	-	-	-	-	-	-	1	-	-	1	0.00%
Nepali	-	-	-	-	-	1	-	-	-	1	0.00%
Tigrigna	-	1	-	-	-	-	-	-	-	1	0.00%
<b>Grand Total</b>	<b>47</b>	<b>11,277</b>	<b>15,116</b>	<b>157</b>	<b>4,784</b>	<b>4,192</b>	<b>11,129</b>	<b>15,384</b>	<b>2</b>	<b>62,088</b>	<b>100.00%</b>

The Division tracks members’ preferred languages. The predominant language of the Division’s membership is English with 51,485 members. For 2024-2025, the Division documented a total of 8,227 members who identified as non-English speakers. The top-utilized languages utilized by DDD members are Spanish (7,186), Navajo (203), Arabic (152), and ASL (90). The Division has contracts for professional 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 able to speak the preferred language of the member/family. The Division requests reports from our language vendors about all the languages offered, in order to compare and ensure that all the languages utilized by the members are available through our language vendors. Most recent data indicates that the combined contracted language vendors have the capacity to provide about 300 different languages.

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 (BPM005633 Statewide non-English Language Interpretation and Translation Services and BPM005862 Statewide Real-Time Captioning (CART) and Sign Language Interpreter

Services). This contract requires the following:

- The Contractor warrants that its personnel will perform their duties under the Contract in a professional manner, applying the requisite skills and knowledge, consistent with industry standards, and in accordance with the requirements of the Contract. Contractor further warrants that its key personnel will maintain any and all certifications relevant to their work, and Contractor shall provide individual evidence of certification to State's authorized representatives upon request.
- 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 translation 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 Contractor shall provide specialized interpretation and/or translation including, but not limited to medical, scientific, legal, or educational terminology, utilizing: Certified Interpreter and/or Translators; and/or Qualified (Non-Certified) Interpreters and/or Translators.

As part of a quality assurance measure, in September of 2024, the Division performed an audit of all ASL interpretation encounters at DDD to ensure that all ASL interpreters were AZ-licensed interpreters. The results confirmed that all encounters were performed by AZ-licensed ASL interpreters. 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.

In addition, all offices have signage that make members aware of interpretation and translation services. All reception staff are prepared to call the language vendors for immediate interpretation if the member/potential member who is LEP walks into an office. Determining the preferred language can be accomplished by the member pointing to the language they speak, and Division staff can connect to the language vendors, who 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 Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

The Division strives to serve the linguistic needs of all DDD members by assigning staff and Support Coordinators who can communicate in the members preferred language. An example of this is our DDD tribal membership. Members who reside on any tribal nations e.g. the Navajo Nation, Apache, Hopi, and other tribal nations are offered linguistic support at the start of their DDD enrollment. Once the member/family states their language preference, then a Support Coordinator is selected based on that language preference. In the event a staff member or Support Coordinator does not speak the same language as the member, interpretation services are available.

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 these are 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 easy-to-understand language and in various formats. For members with limited reading skills, the Support Coordinator reviews the PCSP document with the member to ensure they know what is in the plan and strives to write the document in easy-to-understand plain language. The Division translates all materials, documents, and communications into other languages as needed for the members the Division serves, 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 Language 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 Cultural Competency/Language Accessibility Unit, serving as the receiver of all translation requests, forwards the document to one of the translation agencies DDD has contracted with. When the translation agency completes the translation, the translation is returned to DDD Cultural Competency/Language Accessibility Unit, who then returns it to the requestor.

For accessibility related services, once Division staff are made aware of the member's needs, they inform the DDD Customer Service Center (CSC). 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. All documents created are maintained at a 6th-grade reading level. The Division uses multilingual taglines and statements on forms and member information materials.

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 who require a reasonable accommodation based on language or disability should contact ADES's Office of Equal Opportunity at [OfficeofEqualOpportunity@azdes.gov](mailto:OfficeofEqualOpportunity@azdes.gov). Requests should be made as early as possible to ensure the State has an opportunity to address the accommodation. The Division can also provide materials for those with visual and auditory limitations. The Division follows relevant DES policies and AHCCCS Contractor Operations Manual (ACOM) Policies 404 and 405.

The Division operates a Bilingual Stipend program, which pays DDD 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, 230 employees receive this stipend, which is a 17% increase from CYE 2025 (196 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.

The Division received twenty-seven (27) total grievances this plan year related to language access. All were resolved, and DDD provided a resolution 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.

Type of outreach	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 Language services	Data collected from claims paid for interpretation and translation services in the plan year.	Semi-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	Annually
Provider Directory	Online directory special accommodations and language accessibility	Annually

Review of grievances and appeals and data in the Division's Resolution System (RS)	Documented grievances in the Resolution System coded for languages issues	Annually
Member surveys	Data collected from member case file audits conducted by Support Coordination.	Monthly
Provider surveys	Survey targeted to Qualified Vendors to assess 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 & Language Access	Monthly
Awareness Campaign	Articles disseminated to DDD Staff, Qualified Vendor, and Members via newsletters informing them about cultural competency, language access and ADA Title II.	Multiple times per month and as needed.

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 its 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 of the members and families. These are used to provide guidance during the referral/vendor call process 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 captures the language and cultural preferences of members, and of their Guardian/Responsible person. This provides members the opportunity to share any cultural aspects that providers must consider during the delivery of services. In addition, the Division’s 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.

### Communicating with Stakeholders and Other Organizations

The Division’s process for communicating progress in implementing and sustaining its *Cultural Competency and Language Access Plan* to members, stakeholders and the public is via:

- Posting of the *Cultural Competency and Language Access Plan* and resources on the Division’s website.
- Communicating with Qualified Vendors regarding policy updates and language access resources.

- Providing policy notification and using a public comment process in policy development that impacts members and families. This includes any language access related policy.
- Ensuring Cultural Competency is a standing agenda item for all monthly Qualified Vendor meetings.
- Issuing member monthly newsletters.

Stakeholder	Description	Frequency
Stakeholder Meetings	Cultural and Linguistic Competence (CLC) and Refugee Disability Roundtable Community of Practice (CoP)	Quarterly
Stakeholder Input	Encircle Families	Bimonthly
Stakeholder Input	Tribal collaboration	Year Round
Stakeholder Meetings	DDD Public Town Hall	Monthly
Stakeholder Input	Member Advocacy Council (MAC)	Monthly
Stakeholder Input	Independent Oversight Committee (IOC)	Monthly
Stakeholder Input	Developmental Disabilities Advisory Council (DDAC)	Quarterly
Stakeholder Input	Arizona Developmental Disabilities Planning Council (ADDPC)	Bimonthly
Stakeholder Input	Governance Committee	Quarterly
Stakeholder Input	The ARC of Arizona	Bimonthly
Stakeholder Input	The National Association of State Directors of Developmental Disabilities Services (NASDDDS)	Ongoing Consultation

The Division participates in focus groups related to Cultural Competency that work together to build consistent messaging, tools, and practices to help the provider community deliver services in a culturally competent manner. One of those groups 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, and develop recommendations for improved access to services. The Division also engages with 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. DDD recognizes the opportunity to collaborate with other states to identify solutions to some of the issues discussed.

Other ways the Division conducts regular assessments of community health assets is through meetings with

multiple stakeholders. Under contract with the Division, Encircle Families has a bilingual (Spanish) homepage and offers some training and workshop opportunities in Spanish. The overall themes of the training and workshops are increasing advocacy skills, and improving families' abilities to work with professionals regarding their child's educational and medical needs. Training includes topics such as planning for transitions (i.e., preschool to kindergarten, school to employment), planning documents (e.g., IFSP, IEP, PCSP). Recently, Encircle Families and the Division of Developmental Disabilities teamed up to offer an extended Positive Behavior Support training (PBS). PBS is a research-based approach that emphasizes empathy, sensitivity, person-centered care and inclusivity. This training is also offered in Spanish. The training is offered at no cost to caregivers and families of members enrolled in DDD.

The Division also works with Centers for Independent Living such as Ability 360 and Direct Advocacy and Resource Center. These centers provide training on self-advocacy and self-determination. Training covers topics such as independent living skills, community living skills, building healthy habits, cooking, nutrition and money management.

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. As needed the Division also has an open line of communication 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 holds monthly Town Hall meetings for members, families, and other stakeholders to offer information and seek feedback for system improvements. The public is encouraged to ask questions to DDD leaders at these meetings. Spanish interpreters, ASL interpreters and CART (Communication Access Real Time Translation) are readily available during every public town hall. 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.

At the beginning of 2024, DDD created the Member Advocacy Council (MAC). The MAC membership is designed to include self-advocates, members, individuals related to members (family), and professionals serving the I/DD community of Arizona. The Division selected Council members based on relevant experience, knowledge, expertise, and lived experience, and ensured the group was diverse. When a vacancy on the council exists, the Division will recruit volunteers to fill the vacancy. The MAC gathers input, discusses issues and barriers members face, problem-solves, and looks for ways to improve service delivery. The MAC members provide recommendations to Division leadership. The group discusses general issues impacting the delivery of physical and behavioral health as well as long-term services and support provided by the Division to ALTCS-eligible members. The MAC provides recommendations to improve Division operations and generate solutions to identified problems. The group identifies topics to be presented during monthly DDD public town hall events. It also creates council meeting agendas for future meetings.

Another example of stakeholder consultation, 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 currently employs a Tribal Health Coordinator whose pivotal role is to provide oversight and implementation of physical and behavioral health services to enrolled American Indians/Alaska Natives-Developmental Disabilities member population through the interagencies of AHCCCS-Division Fee for Services and Division of Developmental Disabilities-Tribal Health Program. The THP coordinator collaborates with Managed Care Organizations and governmental health care agencies, not limited to, Indian Health Services and Urban Indian Health clinics/hospitals, Tribal Regional Behavioral Health Authorities (TRBHA), United Health Care Community Health Plan and Mercy Care staff to bring awareness and resolutions to address health care disparities, inaccessibility of health care services member concerns and any other health care services impacting appropriate services for Tribal Developmental Disabilities membership. In addition, the THP coordinator represents DD on a tribal level, as needed, in Tribal Consultation meetings e.g. AHCCCS, MCO, TRBHA's, IHS Quarterly meetings. The Division continues to strive and advocate on behalf of inclusion, culture and diversity of AI/AN culture, traditions and customs of DD Tribal membership. Furthermore, the Division employs a Tribal Nurse Liaison. This position works closely with the Tribal Health Coordinator as an 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.

DDD has a designated Tribal Liaison in the Office of Community, Advocacy, Resolution, Engagement and Support (CARES) 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. With the support and guidance of the Office of Tribal Relations, the Division works to develop clear messaging, notices, and guidance about policy changes that need to be sent to the tribes for feedback at least 90 days prior to changes being made or announced. Additionally, Tribal Cultural Awareness training is offered to all staff upon hire. This will help build a foundation of knowledge of Arizona's Tribal Nations, sovereignty, and language and cultural appropriateness and will help DES employees develop best practices when serving our customers from Tribal Nations.

As of October 3, 2025, DDD supports 2,369 individuals who identify as American Indian/Alaska Native. The DDD Tribal Liaison tracks voluntary tribal affiliation so 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. Outreach included visits to individual tribal nations, joint presentations, and facilitating inquiries from both DDD and the tribes. During Fiscal Year 2024, the DDD Tribal Liaison participated in the following tribal activities:

- Three resource tables at outreach events
- Two in-person presentations
- Twenty-seven virtual presentations to tribes
- Four virtual meetings with tribes

- Two virtual Tribal Consultation sessions
- Forty-four requests for assistance from tribes

DDD has an Intergovernmental Agreement with the Navajo Nation Division for Children and Family 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 136 individuals within the Navajo Nation per month during Fiscal Year 2024.

The CARES Administration's Community Outreach and Engagement team aims to ensure that Arizonans receive accurate and up-to-date information and support from the Division's subject matter experts. The team attends community events across the state, with printed resource materials in both English and Spanish and works with contracted providers for interpretation services. They collaborate with diverse organizations including Un Desafio, Arizona Coalition to End Sexual and Domestic Violence, and LGBTQ Youth in Foster Care, reaching cultural and minority communities. The team engages with community partners that advocate for specific disabilities such as the Autism Society and the Down Syndrome Network, and attends the African American Conference on Disabilities, the National ADA Symposium, American Indian Disability Summit, and the Arizona Suicide Prevention Coalition Hope Conference.

This contract year, the Community Engagement team worked with DDD Interpreting to translate the DDD Overview presentation slides to Spanish. The DDD Overview is now offered to Spanish-speaking groups upon request, and a designated Community Engagement Coordinator presents both the information and slides in Spanish.

Outreach and engagement activities are tracked and reported to AHCCCS through established internal reporting processes. These partnerships and relationships connect members and their families with the support they may need.

## 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 Service Plan (PCSP) process, 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 information and available resources <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.

The list of community assets are available to ALTCS members but they are especially important for members who are DD-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. DDD promotes the support systems via the monthly OIFA newsletter and via Navigating the System and ALTCS Handbook. 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 publicly 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.

The Division continues to create and update Quick Reference Guides on the DDD website. These guides provide an easy way to learn about resources and are available in both English and Spanish. Some Quick Reference Guides include general information about Support Coordination, what to do if you have an emergency, and services while traveling out of the state. The guides include information about the DDD eligibility application process, and redetermination as well as information on DDD employment services.

## Health Care Access

The Division is committed to bringing high quality services to members that is aligned with the Arizona Health Care Cost Containment System (AHCCCS) Whole Person Care Initiative addressing health disparities and the social factors that impact a member's health. DDD and its subcontracted health plans, UnitedHealthcare Community Plan (UHCCP) and Mercy Care, are dedicated to identifying the root causes of health inequities and health disparities. DDD and our subcontracted health plans are committed to ensuring there are no discriminatory practices related to the members' race, color, or national origin, ethnicity, religion, sex, sexual orientation, gender identity, age, or disability.

The Division, in conjunction with the subcontracted health plans, will continue to build, and strengthen its service delivery system to support integrated care to identify and address health disparities through strategic interventions informed by utilization and performance data. The Division will implement this strategic effort through the DDD Health Equity Subcommittee under the guidance of the DDD Quality Management/Performance Improvement Committee. The subcommittee implemented a charter to define the role and guide the subcommittee's activities. The subcommittee structure includes DDD healthcare services leaders, executive leaders, the Division's Cultural Competency Administrator and other key representatives from various functional areas. It focuses on identification analytics to inform its activities and the identification of health disparities, underserved populations, and the development of a health care access strategy.

The Division will continue to develop and refine its process to identify gaps in care through utilization review, race, ethnicity, language, Social Drivers of Health data, geographic location, demographic data, disability data, and performance improvement data. Additionally, information and data are collected by both subcontracted health plans from their member and provider satisfaction surveys as well as Member Advisory Committees and Councils. 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. Subcontracted health plans are made aware of their obligation to address health disparities via AdSS 405 Policy Cultural Competency, Language Access Plan and Family Member Centered Care.

The Division continues its efforts to promote adequate health care services, by accurately collecting member data in our Focus database system, particularly member's preferred language and race/ethnicity. In Spring of 2024, there were approximately 4,800 members whose preferred language was not captured. DDD set a goal of decreasing by 20% the percentage of "Null/No Data" for languages spoken by DDD members by 9/20/2024. In January of 2024, a workgroup was created to initiate the activities. In the following months, multiple functional areas at DDD collaborated to accomplish this goal. DDD met and surpassed this goal. The percentage of DDD members showing "Null/no data" for their preferred language was successfully decreased by over 50%. As of the latest data, there were 2,376 members showing "null/no data" for their preferred language. DDD will continue its efforts to improve the accurate collection of members' preferred language.

To improve data collection about members' race/ethnicity, there are significant ongoing efforts within the Division involving multiple departments. Though the Division was accurately collecting information on the majority of DDD members, the Division updated its database system to align with race/ethnicity categories from the United States' Office of Management and Budget. Additionally, all Arizona Native American tribes have been added as a subcategory when American Indian/Alaska Native is selected. The second phase of that project will include Division staff engaging with members and families to ensure this data field is accurately collected.

To identify and mitigate gaps of language accessibility within the close to 8,000 members of Limited English Proficiency, the Division has a standing agenda item during the Health Equity Subcommittee monthly meetings, to review metrics of utilization of language services. The purpose is to analyze if disparities exist within the LEP community served by the Division, and how to minimize those disparities.

All these initiatives and efforts will ensure the Division has a clear understanding of the populations served. The Division's Health Equity Subcommittee continues to be used as a venue for ongoing analysis and to drive recommendations and interventions to improve health outcomes for DDD members.

## 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. All Division staff upon hire and throughout the duration of employment, must complete an abundance of training that prepares them to interact with the communities the division serves. 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 and all DDD staff 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 6 months of employment. 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) is regularly advertised, shared with all DDD staff, and made available to all staff.

In the beginning of 2025, the Division revised the DDD Language Services Desk Aid. Revisions included a comprehensive assessment of language vendors which included quality, availability, and customer service. The desk aid provides guidance for DDD staff to support DDD members or those seeking language services. This guidance describes how to access over-the-phone interpretation services, 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 DDD Language Services Desk Aid continues to be updated regularly to provide clarity about accessing the language services, and new language vendors are added as needed. It is posted in the Division's Functional Area Resource Guide and also posted in a shared procedures folders accessible to all DDD staff. Additionally in 2025 a training video was released for new Support Coordinators. The video demonstrates how to access all language services at DDD.

The Division has access to a training catalog that includes (2) cultural competency trainings:

1. Person-First Language includes learning objectives to describe the elements of person-first language, recognize the ways person-first language shapes how the Division communicates with and about individuals with disabilities, and practice using person-first language. It distinguishes the appropriate use of descriptive language regarding people with disabilities.
2. ADA 504 Compliance Overview provides staff of all DES programs with information regarding DES' obligation under Title II of the Americans with Disability Act (ADA) and Section 504 of the Rehabilitation Act.

All new Division staff are required to take (2) training CBT's within 30 days of hire. Person-First Language is required upon hire and annually. ADA 504 Compliance Overview is required upon hire and every 2 years. The DDD Training Department provides a tracking tool for all functional areas to monitor the compliance and participation in all required training.

Additionally, during contract year 24-25, 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 through the use of the DDD Language Services Desk Aid. In addition, the unit provided learning opportunities through articles and 1:1 technical assistance regarding the Division's obligation to comply with the ADA.

### 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. The Division issues to its provider network standardized training material. The training covers the requirements and responsibilities that teach the rights of the members served. The training sessions and training materials are made available at no cost to support statewide providers and caregivers that best serve DDD members. Some of the trainings the Division provides

include Positive Behavioral Support, Abuse, Neglect and Exploitation Prevention, Introduction to the 4 D's, and Foundations of 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.

DDD instructs Qualified Vendors to create policies that serve the members in a culturally and linguistically appropriate manner. Qualified Vendors shall develop and maintain a Cultural Competency Plan which includes a description of staff training on Cultural Competency and how to apply the training when supporting members.

Policy requirements include:

- An effective communication strategy when considering acceptance of a referral.
- Reasonable steps to meaningful access to service for individuals with LEP.
- Written information in the prevalent non-English languages in a service area.
- No cost interpreting services for all non-English languages, not just those identified as prevalent.

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 discuss any issues or concerns that arise relating to this area. The Division also presents to the Qualified Vendors their obligation to review and address ADA accommodations that are elevated to them by the DDD membership.

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 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.

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. By following these best practices, and effective communication, QVs ensure that members fully understand their care and rights to services. By completing the *Policy Development Tool*, the Division ensures the Qualified Vendors can improve a member's health literacy. This includes:

- 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 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 training 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 the training mentioned above 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 training. This data is submitted to the Division annually through the Cultural Competency Plans from DDD subcontractors, and reviewed by the Cultural Competency/Language Access Unit.

## Evaluation and Monitoring

The Cultural Competency and Language Access Administrator 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, and 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. Support Coordination is tasked with conducting ALTCS Case File Member Surveys throughout the year. DDD conducted Cultural Competency surveys with Qualified Vendors, Members/Families in September of 2025. 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 completed a Cultural Competency survey for DDD staff as a way to obtain information about the staff's perception of DDD's overall cultural competency.

## Case File - Member Surveys

The Division’s Program Improvement Specialists 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 three questions related to cultural competency. The ALTCS Case File reviews and satisfaction surveys were performed from July 2025 through October 2025. A total of 501 reviews were completed with members/families responding to the telephone survey. In the previous year, 407 reviews were completed. This was an increase of 18.7% of file reviews.

For the ALTCS case file reviews and satisfaction surveys, members or guardians were asked, “Were the planning meetings conducted in your preferred language?” The respondents answered “Yes” 100% of the time.

Were the planning meetings conducted in your preferred language?	July	August	September	October
Yes	100%	100%	100%	100%
No	0%	0%	0%	0%

When asked, “Were all services and supports conducted in the member’s preferred language?” the respondents answered “Yes” 100% of the time.

Were all the services and supports conducted in the member's preferred language?	July	August	September	October
Yes	100%	100%	100%	100%
No	0%	0%	0%	0%

When asked, “Are services and supports delivered in a way that is respectful of your family’s culture?” the respondents answered “Yes” 89%-100% of the time.

Are services and supports delivered in a way that is respectful of your family's culture?	July	August	September	October
Yes	100%	92%	96%	89%
No	0%	8%	4%	11%

The Division also completed 59 case file reviews for targeted DDD members from January 2025 to October 2025. When asked, “Were your planning meetings conducted in the member’s preferred language?” 98.3% responded with “Yes”.

## Cultural Competency Qualified Vendor Survey 2025

The Division conducted a Cultural Competency Survey for Qualified Vendors in September 2025 through a Google Form. The survey includes cultural and linguistic needs and services provided by the Qualified Vendors.

Of the approximately 860 Qualified Vendors, 220 vendors responded. The previous year, the Division received 200 responses. This is a 9% increase in responses. There were participating vendors for all services contracted under the Qualified Vendor Agreement and serving all districts. Survey representation per district was similar among most districts. The Qualified Vendors that participated in this survey documented Districted North being represented the least. The Qualified Vendor participants represented varying sized agencies based on the number of members served. The majority serve between 1-50 members. Qualified Vendors must have their own Cultural Competency Plan. Of the 220 respondents, 72.4% stated they update their plan annually. This is a marked improvement from the previous year. In the 2024 survey, 68.4% of Qualified Vendors stated they updated their plan annually.

The Division provides training at the monthly statewide provider meetings regarding their obligation to provide language support to members and families of LEP. During the meetings, the Division reviews how language support can be provided and language services can be secured. The Division provides a list on its website of interpreting and translation agencies that Qualified Vendors can contract/subcontract. The language provider list was updated in the winter of 2024 to be a more comprehensive list. Qualified Vendors reported 54.1% provide training to staff on how to access and use interpreter services. There was a 14% drop from last year. The survey results show only 27.3% subcontract over-the-phone, Video Remote Interpreting or in-person interpreting for assessment, treatment, and other interventions with members who have LEP. In the previous contract year, the survey results showed 37.5% sub-contracted over-the-phone, video remote interpreting or in-person interpreting. It may be possible that for treatment and other interventions, the Qualified Vendors may be relying on their bilingual staff because when asked, "Do you use bilingual Direct Service Providers (DSPs) for assessment, treatment, and other interventions with members who have Limited English Proficiency?" 67.7% responded that they did. QVs were asked if they have Direct Support Professionals (DSPs) who are proficient in American Sign Language (ASL) and communicate with members in ASL. If they did, what kind of training, certification, or experience did they have? Responses showed 68.5% of QVs did not have staff to communicate with members through ASL, 28.6% had personal experience or were self-taught, and 2.9% of QVs stated they had staff with a certification or degree. The survey found 82.7% of forms that are filled out by the member or family/guardian are written in their preferred language.

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
Do you provide Cultural Competency training to staff?	86.4%	13.6%
Do you have a method to translate documents into other languages for members or family/guardians with Limited English Proficiency (LEP)?	81.8%	18.2%
Are the QV forms that are filled out by the member or family/guardian completed in their preferred language?	82.7%	17.3%

If the member completes the forms in their preferred language, do you translate them into English before submitting them to DDD?	66.5%	33.5%
Do you use bilingual Direct Support Professionals (DSP) for assessment, treatment, and other interventions with members who have Limited English Proficiency (LEP)?	67.7%	32.3%
Do you subcontract over-the-phone, Video Remote Interpreting (VRI) or in-person interpreting services for assessment, treatment, and other interventions with members who have Limited English Proficiency (LEP)?	27.3%	72.7%
Do you provide training to staff on how to access and use interpreter services?	54.1%	45.9%
Do you recruit staff who reflect the cultural and linguistic diversity of the DDD members you serve?	88.6%	11.4%
Do you promote an inclusive work environment, inclusive on the basis of race/ethnicity, religion, sex, and national origin?	89.5%	10.5%

	Semi-Annually	Annually	Every 2 years	I currently don't have one
How often is your Cultural Competency plan updated?	4.6%	72.4%	13.4%	9.7%

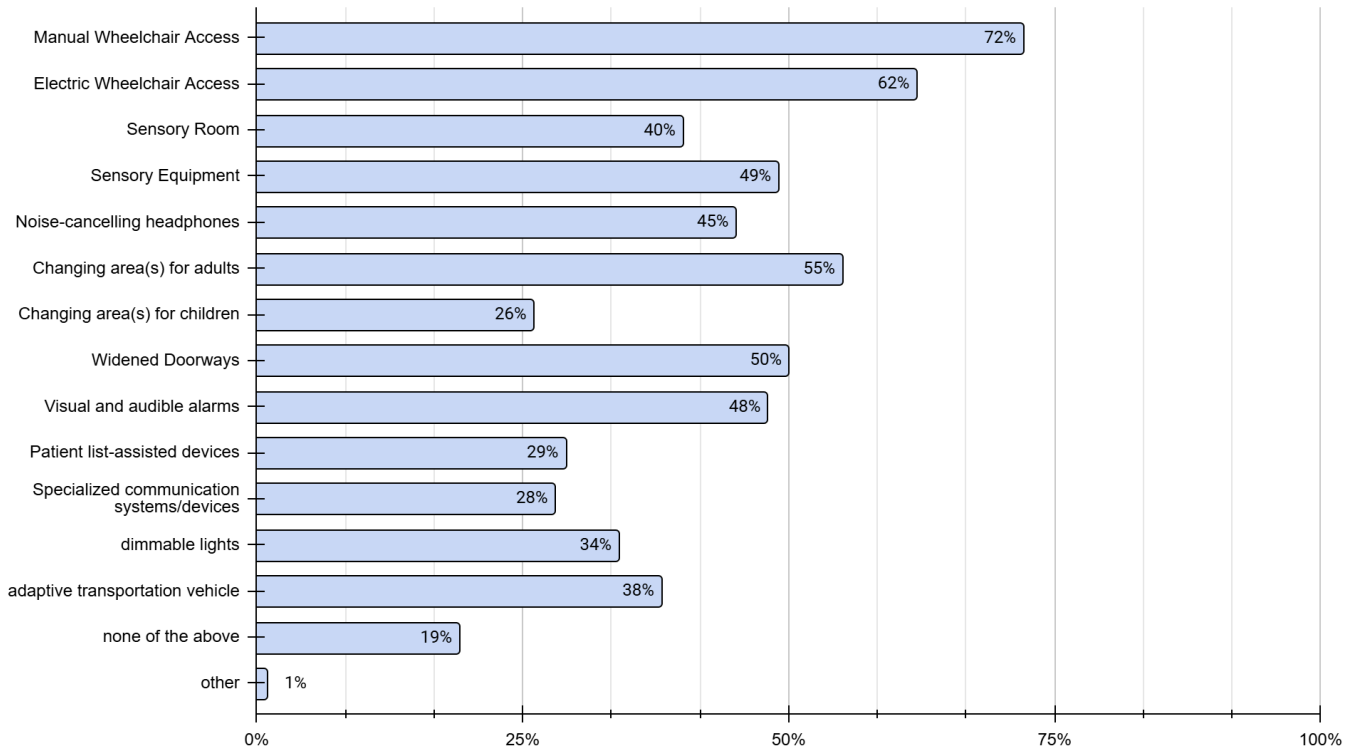
	Upon Hire	Quarterly	Semi-Annually	Annually	Other
How often is Cultural Competency training offered to staff? Select all that apply.	74.1%	2.7%	2.7%	51.8%	16.8%

	Certification or degree	Personal experience / self taught	N/A (no staff that can communicate through ASL)
If you have Direct Support Professionals (DSPs) who are proficient in American Sign Language (ASL) and communicate with members in ASL, what kind of training, certification, or experience do they have?	2.9%	28.6%	68.5%

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 130 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 2025

The Division conducted a Cultural Competency Survey for Members on September 16, 2025, and closed the survey on September 30, 2025. The survey was conducted through a Google Form. The Division offered the survey in English and Spanish via a Google Form. The English survey directed members whose preferred language was Spanish to the Spanish version of the survey. Spanish-speaking participants were to click on the link to be redirected.

The focus was on obtaining information regarding members' and 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. The Division believes this is an important part of meeting the needs of our members and families. In 2025, the Division received 842 English responses and 66 Spanish responses. In 2024, the Division received 756 English responses and 67 Spanish responses. This was a 10.33% increase in total responses from the previous year.

In the English survey, Questions 1-4 all received a score of 96.3% or higher. Questions 5-9 were for members with LEP. Although participants whose preferred language was Spanish were instructed to take the Spanish survey, there were 5 who took the English survey. Questions 1-4, and 8 in the English survey show the percentage of respondents who answered "Yes". For questions 5-6 and 9 related to satisfaction, the percentages represent the combined two positive categories of "satisfied" and "very satisfied". Questions 5-9,

responses were received by members or families with Limited English Proficiency. The percentages who answered “Yes” to these questions are low. However, the sample size is not significant enough (8 responses) to infer an accurate conclusion.

### English Cultural Competency Survey for Members and Families

(% of Respondents who answered “YES”)	Doctor/PCP	DDD Support Coordinator	All Home and Community Based Service Providers	Behavioral Health Provider (Therapist/ Counselor/ Psychiatrist)
1. Do these providers respect your cultural practices/choices? Culture means behaviors, beliefs, traditions and customs that make up who you are.	98.2%	97.4%	96.3%	96.6%
2. If you want your family involved in your care do these providers respect that choice?	99.2%	97.7%	97.3%	97.1%
3. If you have spiritual/religious beliefs and customs, do these providers respect those beliefs and customs?	97.9%	97.9%	96.6%	97%
4. Are these providers respectful of your race and or ethnicity?	99.2%	98.2%	97.8%	98.2%
5. If you communicate in a language other than English, do these providers communicate with you in your preferred language?	42.8%	42.8%	62.5%	50%

<p>6. If you communicate in a language other than English, do these providers use interpretation services to communicate with you if needed? Interpretation is when someone helps people who speak different languages or use sign language to communicate with each other.</p>	<p>66.6%%</p>	<p>66.6%%</p>	<p>83.3%</p>	<p>100%</p>
<p>7. How satisfied are you with the interpretation services that you received from these providers?</p>	<p>100%</p>	<p>100%</p>	<p>100%</p>	<p>100%</p>
<p>8. If you prefer to read in a language other than English, do these providers offer you documents in your preferred language?</p>	<p>80%</p>	<p>60%</p>	<p>75%</p>	<p>75%</p>
<p>9. How satisfied are you with the quality of the translated documents that you received in your preferred language from these providers?</p>	<p>100%</p>	<p>83.3%</p>	<p>80%</p>	<p>75%</p>

**Spanish Cultural Competency Survey for Members and Families**

Participants in the Spanish Cultural Competency Member Survey provided positive feedback in most questions. The survey questions were restructured to improve clarity and understanding for those taking the survey. This revision may contribute to the positive outcome of responses. The data collected will help the Division identify specific gaps, and create initiatives for improvement. Questions 1-6, and 8 in the table above show the percent of respondents who answered “Yes”. For questions 7 and 9 related to satisfaction, the percentages represent the combined two positive categories of “satisfied” and “very satisfied”. In efforts to improve the

overall percentage of positive responses about interpretation and translation services, though those percentages are already high, DDD will create and share a glossary of Spanish terms and share with contracted translation agencies. The intent is to create consistency and potentially increase the quality of interpretations and translations at DDD in Spanish (the most prevalent used language).

(% of Respondents who answered "YES")	Doctor/PCP	DDD Support Coordinator	All Home and Community Based Service Providers	Behavioral Health Provider (Therapist/Counselor/Psychiatrist)
1. Do these providers respect your cultural practices/choices? Culture means behaviors, beliefs, traditions and customs that make up who you are.	100%	100.00%	100%	100%
2. If you want your family involved in your care do these providers respect that choice?	100%	98.40%	100%	100%
3. If you have spiritual/religious beliefs and customs, do these providers respect those beliefs and customs?	100%	100%	100%	100%
4. Are these providers respectful of your race and or ethnicity?	100%	100%	100%	100%
5. If you communicate in a language other than English, do these providers communicate with you in your preferred language?	94.4%	90.7%	86.5%	85.7%

<p>6. If you communicate in a language other than English, do these providers use interpretation services to communicate with you if needed? Interpretation is when someone helps people who speak different languages or use sign language to communicate with each other.</p>	<p>90.7%%</p>	<p>90.7%%</p>	<p>86.5%</p>	<p>90.1%</p>
<p>7. How satisfied are you with the interpretation services that you received from these providers?</p>	<p>97.9%</p>	<p>98%</p>	<p>97.9%</p>	<p>97.8%</p>
<p>8. If you prefer to read in a language other than English, do these providers offer you documents in your preferred language?</p>	<p>88.6%</p>	<p>94.2%</p>	<p>92.1%</p>	<p>91.6%</p>
<p>9. How satisfied are you with the quality of the translated documents that you received in your preferred language from these providers?</p>	<p>98%</p>	<p>98%</p>	<p>97.9%</p>	<p>97.8%</p>

**Cultural Competency Survey for DDD Staff 2025**

The Division administered a Cultural Competency Survey for DDD Staff in the Summer of 2025. The purpose of this survey was to understand if DDD is maintaining an inclusive work environment that promotes a 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 with complete confidentiality. There were 496 total responses, which is about 20% of DDD’s workforce. Overall, the majority of the responses are favorable, and suggest that staff perceive DDD as a culturally-competent organization.

Though the majority of responses were positive, the Division sees opportunities for improvement such as promoting opportunities and/or local resources to participate in cultural events. The Division will actively seek out cultural events and share them with staff via the employee newsletter.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	N/A
In my experience, DDD promotes a culturally inclusive workplace.	53.60%	23.80%	16.70%	4.80%	1.00%	-
I feel comfortable discussing topics about race and ethnicity with my co-workers.	30.50%	23.80%	27.30%	7.90%	8.10%	-
DDD promotes opportunities and/or local resources to participate in cultural events.	32.10%	27.00%	29.40%	8.50%	3.00%	-
Cultural competency means a set of behaviors, attitudes, and policies that come together in an organization, or among professionals, that enable the organization to work effectively in cross-cultural situations. DDD provides sufficient training/educational programs to its workforce related to cultural competency.	39.10%	30.60%	20.60%	8.70%	1.00%	-
I know what functional area to contact if I were to experience discriminatory behavior in the workplace based on race, national origin, color, religion, age, sex, and/or disability.	45.10%	30.50%	14.90%	6.10%	3.40%	-
DDD promotes policies and procedures that address cultural competency while interacting with colleagues in the workplace.	39.90%	32.80%	20.00%	6.30%	1%	-
DDD celebrates the different cultural backgrounds of its employees.	34.50%	23.00%	31.00%	6.70%	4.80%	-
If I have a religious or spiritual belief, management and leadership are accommodating and supportive of those beliefs.	32.10%	16.30%	24.80%	5.00%	1.60%	20.20%

Compared to other organizations I have worked for, DDD is a culturally competent organization. Cultural competency means a set of behaviors, attitudes, and policies that come together in an organization, or among professionals, that enable the organization to work effectively in cross-cultural situations.	43.80%	26.80%	19.20%	4.60%	1.40%	4.20%
If I speak another language, I am free to speak my language at work whenever I choose.	22.60%	8.90%	18%	2.00%	2.00%	46.50%
	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Neutral</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>N/A- Did not need to file a grievance</b>
DDD is responsive to employee grievances related to cultural concerns.	20.40%	11.50%	20.20%	3.00%	1.60%	43.10%
	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Neutral</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Prefer not to answer</b>
I feel comfortable discussing topics about race and ethnicity with my co-workers.	30.50%	23.80%	27.30%	7.90%	8.10%	2.40%

## Grievances and Complaints

The DDD Customer Service Department is responsible for processing grievances and complaints, and elevating them to the appropriate functional areas for resolution. The Division received thirty-three (33) grievances, of these 27 were language access related, 5 were disability related, and 1 related to culture. All were resolved, and DDD provided a resolution within the required timeframes. Language grievances were related to Spanish-speaking families requesting a Spanish-speaking Support Coordinator and an issue with language barriers when a family was working with a Qualified Vendor. These types of grievances accounted for less than half a percent of all Spanish-speaking members. As the DDD membership population increases, so does the population of Spanish speaking families. This could explain the increase in grievances related to members/families requesting a Spanish-speaking Support Coordinator. DDD attempts to assign Spanish bilingual staff to Spanish-speaking members whenever possible. AHCCCS requires grievance closure within 10 days but not to exceed 90 days of opening. For this contract year, all grievances related to language access were resolved within the required timeframe. Language grievances about requesting a Support Coordinator who speaks the member’s language are usually elevated and assigned to Support Coordinator leadership. CSC informs the Cultural Competency/Language Access Unit of any grievances related to language access.

Depending on the grievance, Cultural Competency/Language Access Unit provides technical support and guides Division staff for resolution. CSC tracks the grievance until it is resolved.

## Modifications to the Plan

- Due to a DOJ letter to an Arizona sister agency, the Division did a comprehensive review of the allegations/findings from the letter and a comprehensive cross-reference to DDD's current internal processes, practices, policies and procedures. The results indicated that overall, the Division has strong processes in place that comply with the issues raised, and we have evidence to support our claims.
- Since January 2025, DDD has made it a standing agenda item for the Cultural Competency and Language Accessibility Unit to present data on utilization of language services for the Division's Monthly Business Review Meeting. Business Review Meetings, via metrics, measure the health of the organization.
- The Health Equity Subcommittee has a standing agenda item to review data on the utilization of language services at DDD.
- DES Bilingual Stipend policy published in early 2025, DDD has enhanced its internal processes to streamline bilingual stipend requests from employees.
- It has been determined that at least 1 DDD Spanish bilingual staff from the DDD Language Access Unit will attend public town halls to review the quality, accuracy and timeliness of the Spanish interpretations.

## 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)
- UnitedHealthcare 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, and Language Access Plan that describes the organization's program. This is outlined in Division's contract with each plan and states, "The Contractor shall participate in the Division's efforts to promote, and shall implement a program that promotes, the delivery of services in a culturally competent manner to all members, including those with LEP and diverse cultural and ethnic backgrounds, disabilities, race, color, national origin, age and regardless of sex, gender, sexual orientation or gender identity and meets the requirements of the AdSS Operations Manual, Policy 405 [42 CFR 457.1201(d), 42 CFR 457.1230(a), 42 CFR 438.3(d)(4), 42 CFR 438.206(c)(2), 45 CFR Part 92].The Contractor shall annually develop and implement a Cultural Competency Plan and a Language Access Plan and perform an annual assessment of the effectiveness of its Cultural

Competency Plan. The Contractor shall submit a Cultural Competency Plan Assessment Reporting Checklist 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 ask for additional information. 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 the prevalent 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, individuality and economic diversity is recognized across all members and their families. The Cultural Competency and Language Access Plan (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 evaluated the subcontracted health plans' Cultural Competency Plans based on the following:

- Metrics the organization uses to ensure cultural competency
- Analysis of the metric results
- Member complaint data related to cultural competency
- CCP goals for the coming year
- An analysis of the previous year's CCP
- Tracking and trending of identified issues
- Actions taken for resolution of identified issues
- Whether the CCP was revised as a result of the identified issues
- How the CCP 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 are outlined in the ACOM policy 405

### Mercy Care (MCP)

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

Since 1985, Mercy Care's commitment to the health of their members and AHCCCS whole person care initiative and goals, demonstrated by Mercy Care's various lines of business and Non-TXIX population, remains unwavering. MCP's 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's comprehensive cultural competency program is delivered in a culturally competent manner inclusive of those with Limited English Proficiency (LEP) and the comprehensive health of MCP 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. Embracing what makes a person unique improves the quality of their care and wellbeing. MCP holds providers in their network to this same standard. The program is intended to promote cultural competency practices throughout Mercy Care's provider network, members, and employees. The purpose is to provide readily accessible, quality health care services in a culturally competent manner to Mercy Care's diverse membership.

Language needs for members are assessed during the intake process by identifying preferred 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). These modalities give Mercy Care an extensive capacity to meet the needs of the populations served statewide. 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.

Mercy Care's Language Assistance Services offer language assistance to individuals who have limited English proficiency and/or other communication needs such as sign language interpreters and American Sign Language licensed staff, at no cost to them, to facilitate timely access to all health care and services. All individuals are informed of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

All written notices informing members of their right to interpretation and translation services must be translated into prevalent non-English languages identified in Mercy Care's service area.

Members with LEP, whose languages are not considered commonly encountered, will be provided written notice in their preferred language of the right to receive competent translation of written material. An example

of this is the translation of the MCP member handbook into three languages. MCP also makes materials available in large print, audio format, Braille and more than 140 languages when requested.

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 member handbook being offered and language services discussed, as well as signage displaying this statement in their reception/lobby areas.

Provision of language services is assessed on a regular basis. Utilization is reviewed daily, and a dashboard is produced monthly. 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 they assess their system for language utilization and capacity is to produce a report on contracted provider qualified bilingual staff. Through this report they can see languages available throughout their network, as well as levels of qualification within the contracted provide 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 meetings, Adult Care Community Meetings and Ad-hoc public forums.

MCP 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 includes 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 MCP and contracted provider staff are required to take a mandatory Cultural Competency training. This training teaches about identified languages in the GSA, as well as how to engage language services, including testing bilingual staff. Additionally, there are two technology-based trainings available to all MCP and contracted provider staff: Limited English Proficient (LEP) members and Culturally and Linguistically Appropriate Services (CLAS) standards. These two additional modules also count as staff annual cultural competency training requirements.

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

MCP provided an in depth analysis of how the organization met the previous year's goals and provided evidence. MCP has provided a list of goals for the upcoming year.

2026 Mercy Care - Yearly Goals	
<b>Goal #1</b>	Mercy Care will increase the rate of staff, who are member and provider facing, completing their annual Health Equity training to 100% by 9/30/2026, as evidenced by the training completion report. The current rate is for new hire colleagues within 90 days of hiring is 88%, and rate for existing colleagues is 94%.
<b>Goal #2</b>	Mercy Care will maintain the fulfillment rate of American Sign Language requests at or above 80% by 9/30/2026, as evidenced by interpretation vendor report. The current rate is 80%.
<b>Goal #3</b>	Mercy Care will achieve a minimum of satisfaction rating from members by 9/30/2026, as measured by the CAHPS Survey. Baseline for member satisfaction will be established during 2026.
<b>Goal #4</b>	Achieve a minimum satisfaction rating from members served through Language Access Services by 9/30/2026, as measured by the Language Service Survey. Baseline for member satisfaction will be established during 2026 through direct email of sampled membership.
<b>Goal #5</b>	Mercy Care will expand the number of data sources used to validate member enrollment data from four to six by 9/30/2026, as reflected in the Member Demographics Health Equity Table. Currently four data sources are utilized.

**UnitedHealthcare Community Plan (UHCCP)**

UHCCP’s 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. UHCCP does not discriminate against individuals based upon race, color, or national origins, and UHCCP 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 needs and capacity through the following methods and frequencies: Data analysis of language code information provided by DDD conducted annually, monitoring vendor language utilization quarterly, and monitoring grievances for language access issues.

UHCCP Member Call Center is able to identify and assess a member’s need for language assistance in real-time. When a member calls into the Member Call Center, UHCCP’s IVR has an option to speak with a Spanish speaking Advocate or to receive assistance in other languages. If the member does not select Spanish during the IVR prompt or speaks another language, the Advocate will assess the member’s need to be assisted in a language other than English. The Advocate engages LanguageLine Solutions or Propio to communicate with the member.

Member Services Call Center Representatives serving non-English languages are certified to provide oral language assistance to UHCCP members. These bilingual representatives can be accessed through the Member Services Call center. The Member Services phone number is listed on every member's ID card. Representatives attend a detailed new hire training course where ethics and confidentiality are reviewed. All interpreters must pass a language assessment and evaluation prior to being certified by UHCCP's vendor, Alta. Quality reviews are conducted throughout the month; feedback and coaching are provided to the interpreters.

UHCCP's vendors, LanguageLine Solutions and Propio provide telephonic language assistance. This service is provided by certified interpreters and is available to Member Services Representatives, to health plan staff, and to UHCCPs network providers. Members access services seamlessly through the call center, UHCCP employees, or their provider.

LanguageLine Solutions can deploy in-person interpreters for non-English languages including American Sign Language. Information on how to access translation and interpretation services is also available in the Member Handbook and Provider Manual. LanguageLine Solutions and Propio attest that each of their interpreters go through an interpretation proficiency testing in order to demonstrate competency in their respective languages prior to performing any services for UHCCP.

Additionally, LanguageLine Solutions offers video remote interpreting (VRI) that allows members to virtually connect with their translator/interpreter and with their Provider.

UHCCP reviews language code information provided by DDD to identify needs and capacity annually. UHCCP follows the requirements outlined in ACOM 404 for: Taglines, Vital Materials, Written Materials, Readability, and Oral Interpretation.

When a member submits a request for a vital material to be translated and/or provided in a large print, a request is made to the Member Material Fulfillment team who then processes the request and mails the material to the member. This process is applicable to all populations UHCCP serves. The available formats for vital materials include translation, Audio-CD, Audio-Memory Stick, Audio Transcript, Braille, and large print in 18 or 24 sized font.

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 UHCCP's 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 provides notification to its members that language assistance is available at no cost. Communications that convey this message are reviewed and approved by DDD. The following methods are used to communicate the availability of this service: 1) DDD approved taglines. These taglines are included in all member materials. 2) Member Handbooks include information on the availability of language assistance. 3) Member Newsletters include information on the availability of language assistance at least once per year.

UHCCP provides training opportunities to employees to enable them to understand and implement the processes outlined in the Cultural Competency Plan and LAPs. The training is specified in detail under the Cultural Competency Staff Training section of the Cultural Competency Plan.

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

- Call center representatives receive feedback through after-call surveys.
- Member call calibrations are completed monthly to monitor Spanish translation calls serviced by UHCCP's Spanish speaking Member Call Center Representatives as well as calls services by our vendors, LanguageLine Solutions and Propio.
- Member grievances are used to monitor the satisfaction of services with LanguageLine Solutions, Propio, Call Center language assistance, written materials, and in-person interpreter services including sign language. There were no grievances filed during this reporting period, CYE-25.
- Utilization reports of oral interpreters and translations are evaluated to ensure that members are receiving interpreter and translation services.
- The Cultural Competency Plan includes an evaluation of goals and objectives including language services.
- Issues related to Member Services are discussed quarterly in UHCCP's Service Quality Improvement Subcommittee. Cultural Competency is specifically presented annually in this forum.

UHCCP involves the community in aspects of its operations including access to language assistance. Through UHCCP's Member Advisory Councils (MAC), members, providers, and advocacy organizations can provide input to their operations. Cultural Competency is a topic of focus, and they receive input related to serving their members in a culturally appropriate way. Participation in the Cultural Competency Coalition with other AHCCCS plans is another way to expand connections in the community and receive diverse feedback on operations. UHCCP measures member satisfaction through Net Promoter Score (NPS) surveys to evaluate the member experience including member materials. UHCCP evaluated Member's NPS survey feedback regarding communication challenges and helping members clearly understand their plan and has made a concerted effort to develop member materials that are relevant, easy to understand, and assist members in understanding their plan and benefits. Examples of revised member materials include the Member ID card inserts, Member Handbooks, and Member Newsletters. The MAC's seek feedback from members on materials including the Member Handbook. Additionally, the ACC/DD MAC reviews credentialed Peer and Family Support training curriculum, OIFA invites MAC members to participate in community forums, events, and coalitions to share updates and feedback on navigating the health care system, harnessing the voices of all members and families they serve.

UHCCPs contracts with subcontractors include necessary program-oriented regulatory appendices. Within their regulatory appendices, all 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. Medical and Behavioral Health providers are also obligated under contract and monitored for compliance similar to UHCCPs subcontractor model. These providers receive assistance through the appropriate personnel such as UnitedHealthcare Network Contracting, Provider Advocates, or similar staff.

### UnitedHealthcare Community Plan 2026 Yearly Goals

<b>Goal #1</b>	Achieve a proportionate improvement in the Glycemic Status Assessment (GSD) Poor Control rate for English-speaking DD members compared to the overall health plan improvement goal, with a target reduction through December 2026 from 57.6% to 50.8%.
<b>Goal #2</b>	Achieve a proportionate improvement in the PPC TOPC rate for BIPOC CC members compared to the overall health plan improvement goal, with a target increase from 75.0% to 78.0% by December 31, 2026.
<b>Goal #3</b>	Develop and maintain provider and community partnerships that work to bridge the health literacy gap for our members and create a more unified educational approach across the continuum of UHCCP contracted providers. By the end of CYE 2026, this goal will be supported by the establishment of at least five new partnerships and the continued engagement of five existing partnerships through collaborative initiatives. A minimum of 3 cultural and linguistically appropriate materials will be developed or distributed to support education. Documentation will be maintained for at least ten community events, provider forums, or newsletter articles that contribute to health literacy efforts. Additionally, a 75% completion rate will be achieved for Relias health literacy-related training modules among targeted provider groups. Progress will be documented through annual updates submitted to SQIS or QMC committees, ensuring consistent reporting and accountability for partnership activity and educational impact.

**Evaluation and Approval of the 2025-2026 Plan**

The Division’s Executive Leadership Team has formally:

- Evaluated the effectiveness of the CYE 2025 Cultural Competency Plan Evaluation Work Plan strategy and activities; and
- Reviewed and approved the CYE 2025 Cultural Competency and Language Access Plan and work plan on November 13, 2025.

The DES DDD CYE 2024 Cultural Competency Plan Evaluation and the CYE 2025 Cultural Competency Plan and work plan responsibility and approval:

Name	Title	Role	Signature
<b>Cecilia Andrade</b>	Cultural Competency and Language Accessibility Administrator, DES/DDD	Responsible for the Cultural Competency Plan	<i>Cecilia Andrade</i>
<b>Zane Garcia Ramadan</b>	Assistant Director, DES/DDD	Approver for the Plan	<i>Zane Garcia Ramadan</i>

**Work Plan of the 2025-2026 Goals**

Goals 2025-2026	Responsible Person					
	Oct - Nov	Dec - Jan	Feb - Mar	Apr - May	Jun - Jul	Aug - Sept
<b>1 - By September 30, 2026, the Division will create a Spanish DDD Language Services Department, and will measure progress through achievement of the following milestones:</b>	DDD Cultural Competency and Language Accessibility Unit					
1.1 - Recruit and hire four interpreters, two translators, and one supervisor.						
1.2 - Create databases for completed translations.						
1.3 - Create policies/procedures/standard work.						
1.4 - Inform DDD staff of this new resource, and how to access these services.						
<b>2 - By April 17, 2026, the Division will complete meetings with 100% of current language vendors and three potential language vendors that offer translation services. The purpose of the meeting will be to obtain the mechanism that language vendors use to evaluate the quality of their translation and processes used to assess translators' competence, and to assess the capacity of those translation agencies to meet DDD's needs.</b>	DDD Cultural Competency Unit and DDD Business Operations					
2.1 - Draft questions for language vendors regarding translator competence and quality of the translation.						
2.2 - Meet with translation agencies DDD currently uses and three additional ones that have a SPO Language Service contract.						
2.3 - Obtain and evaluate the mechanism that language vendors use to evaluate the quality of their translation and translator competence.						
<b>3 - The Division will develop a staff survey to obtain feedback about their experiences with contracted interpretation services by 3/19/26.</b>	DDD's Cultural Competency Unit, and all DDD staff					
3.1 -Draft survey questions related to the process to request interpretation services, timeliness when securing interpretation services, perceived quality of interpretation encounter, and any other possible barriers.						
3.2 - Create and administer the survey to Division staff						

3.3 - Analyze results						
<b>4 - By September 30th of 2026, DDD will increase the percentage of responsible persons' preferred language captured in Focus from 4% to 20% of current DDD membership.</b>	DDD's Cultural Competency Unit and Support Coordination department					
4.1 - Inform staff via multiple lines of communication, about the new language field, and instruct staff to update the field regularly.						
4.2 - Monitor progress to reach the goal.						
<b>5 - By September 30, 2026 the DDD's Tribal Liaison will hold 8 in-person presentations with different Arizona tribes.</b>	DDD's Cultural Competency Unit and DDD Tribal Liaison					
5.1 - The Tribal Liaison will track attendance for all in-person presentations and tribal affiliation of attendees.						
5.2 - The Tribal Liaison will seek feedback from participants about in-person meetings.						
<b>6 - By September 30, 2026 DDD will create a series of 5 Quick Reference Guides to assist members and the public in understanding the individuals that DDD serves.</b>	DDD's Cultural Competency Unit and CARES Administration					
6.1 - Creating 5 Quick Reference Guides about Autism Spectrum Disorder, Cerebral Palsy, Down Syndrome, Epilepsy, and Intellectual (Cognitive) Disability and submit through levels of regulator approvals.						
6.2 - Publish and advertise the Quick Reference Guides.						

## Attachments

- **Attachment A: REL-IDD-Person-First Language-transcript.pdf**
- **Attachment B: DES ADA 504 Compliance- transcript**
- **Attachment C: Arizona Long Term Care System (ALTCS) Member Handbook 2025-2026**
- **Attachment D: Navigating the System 2024-2025**
- **Attachment E: Family Support Annual Report 2025**
- **Attachment F: Member Rights and Responsibilities.pdf**
- **Attachment G: DDD-2089A Person Centered Service Plan**
- **Attachment H : Provider Policy Manual 26 Cultural Competency Family Member Centered Care and Language Access Plan.pdf**
- **Attachment I: Division Medical Policy Manual 1620D Person Centered Service Planning Standards**
- **Attachment J: CCLA-001-ALL Limited English Proficiency, Language Accessibility and Language Services.pdf**
- **Attachment K: Division Medical Policy Manual 1620P Interdisciplinary Collaboration.pdf**
- **Attachment L: DDD member language by eligibility type**