



DEPARTMENT OF  
ECONOMIC SECURITY

*Division of Developmental Disabilities*

# **CULTURAL COMPETENCY & FAMILY CENTERED CARE/LANGUAGE ACCESS PLAN**

**CYE 2022**

**October 1, 2021 - September 30, 2022**

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## DES Mission:

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

## DES True North

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

## Our Values:

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

## Our Goals:

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

## Division of Developmental Disabilities Mission:

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

## How Care and Service Are Delivered

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

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

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

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

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

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

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

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

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

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

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

The vendor call process was revised in 2021 to develop a standard member profile which helps make clear members' needs regarding medical, developmental, educational, emotional, cultural, environmental, and financial needs. This new profile helps match members to vendors more efficiently and accurately.

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

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

The Division, its subcontractors and contracted providers train their staff to be culturally sensitive to members' and family's values and beliefs and 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 provider must:

- Ensure that members know how to access language assistance services,
- Get information about their member rights and protections (e.g. Health Insurance Portability and Accountability Act [HIPAA]),
- Elicit descriptions of symptoms, health problems, treatment goals and preferences, and
- Ensure treatment practices (e.g. medications, examinations) and processes, (e.g. goal setting, assessments, treatment planning, clinical meetings, referrals to other service providers and service interventions) are communicated.

The Division, its subcontractors and contracted vendors provide and make members aware of their right to no cost translation, interpretation services, and how to access these services e.g., the Language Line. This includes access to oral interpretation, translation, sign language, disability-related services, and provision of auxiliary aids and alternative formats on request. New members are provided copies and existing members are offered copies of the [Arizona Long Term Care System \(ALTCS\) Handbook](#) and [Navigating the System \(2020-2021\)](#) both of which are posted to the DES DDD member webpage (in English and Spanish) under “Member Resources”. The ALTCS handbook notifies members and families about how to access language services, gives information about how to get materials in other languages, describes how to find non-English speaking providers, and includes a list of member rights including:

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

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

## Goals

- Measure and improve identified Health Equity disparities.
- Support members and families by acknowledging, learning, understanding, respecting:
  - Culture and cultural history
  - Life experiences
  - Language
  - Values
  - Customs
  - Beliefs
- Use “disability etiquette” when establishing rapport and working with individuals with developmental disabilities.
- Engage members, stakeholders, and the public in implementing and revising the plan.

Work Plan Activities (see Appendix C for details)

- Conduct Health Equity assessment for Home and Community Based Services (HCBS)
- Fill two new FTE to support implementation of the Cultural Competency and Family Centered Care Program (CCFCCP)
- Measure member/family satisfaction using a Cultural Competency Survey and the supervisor audit tool
- Finalize language related to enhanced Cultural Competency and Family Centered Care requirements and Language Access in the Qualified Vendor Agreement.

- Post a rate structure in the Division’s rate book to compensate Qualified Vendors who provide services in non-prevalent languages.
- Increase the number of Qualified Vendors self-reporting annual training on Cultural Competency
- Implement an ID/DD standard training for behavioral health providers

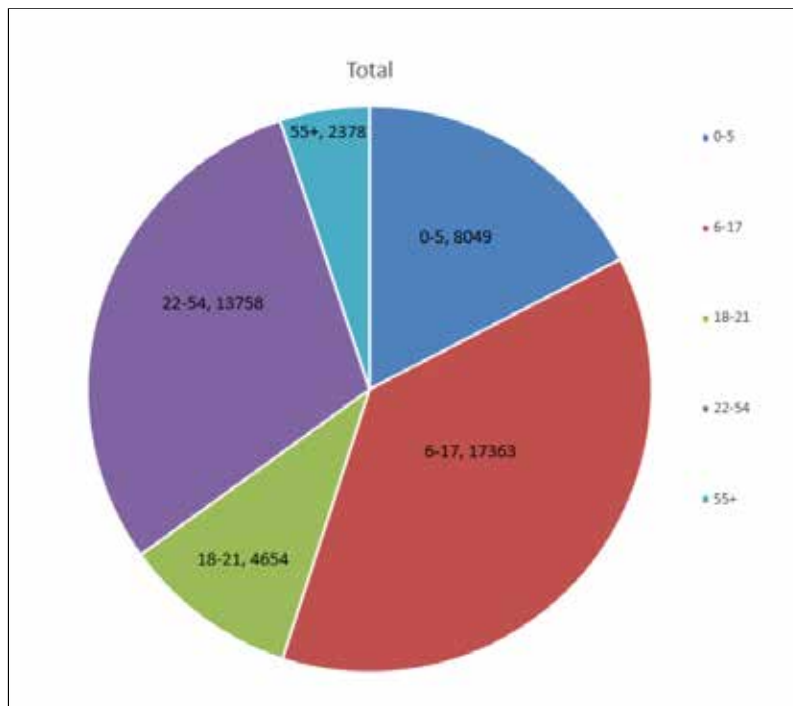
### Evaluation of Membership

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

Member Demographic Considerations as of 09/30/2021: Members are identified with the following five (5) primary eligible conditions. Intellectual disability is the largest group followed by Autism. Members “at risk” are under age 6.

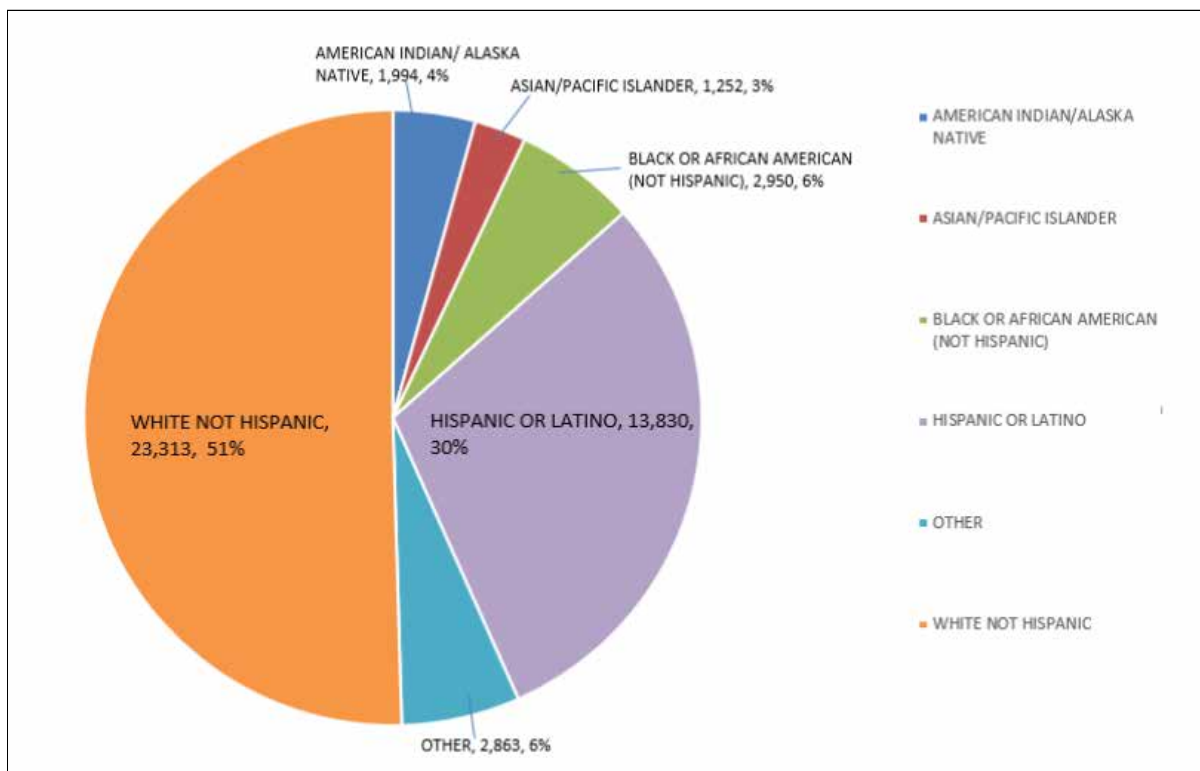
Diagnosis	Total Members
At-Risk	10051
Autism	14519
Cerebral Palsy	3512
Epilepsy	1942
Intellectual Disability	16178
TOTAL	46202

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



The Division’s ethnic membership breaks down as follows:

- White Non-Hispanic (51%)
- Hispanic or Latino (30%)
- Black or African American (Non-Hispanic) (6%)
- American Indian/Alaska Native (4%)
- Other/Unknown (6%)
- Asian/Pacific Islander (3%)



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

Ethnicity	Asian	Black or African American	White, Not Hispanic	Hispanic	American Indian	Other
DDD Membership (46,202)	2%	6%	52%	31%	4%	5%
DDD Staff (2161)	2%	11%	39%	28%	2%	18%
Statewide Population (7,278,717)	3.7%	5.2%	54.1%	31.7%	5.3%	3%



The Division's membership generally reflects Arizona's population with slightly lower Asian, American Indian, and White/Non-Hispanic representation and slightly higher Black or African American representation. The composition of the Division's staff is slightly under-represented for American Indian, significantly for White/Non-Hispanic, and somewhat over-represented in Black or African American as compared to the Division's membership, however 61% are self-reported as some other ethnicity than White/Non-Hispanic. The Division maintained its growth trend with membership increasing by 4% in the 2020-2021 plan year.

## Language Access

The Division tracks the languages that members use and identifies those with Limited English Proficiency (LEP) (see tables in following section). The predominant primary language of the Division's membership is English, followed by Spanish and Navajo. The Division tracks the languages of all members in its Focus database. For 2020-2021, the Division documented 22% (9,947) of members who identified as non-English speakers or who had an unknown/unspecific designation. Of these, 52% (5197) identified Spanish, 2% Navajo (211), 1% Arabic (115), and 0.07% American Sign Language (68).

MEMBER LANGUAGE	ATPC	CENTRAL	EAST	NORTH	SOUTH	WEST	Grand Total	% OF TOTAL
ENGLISH	51	8072	9482	3245	6595	8810	36255	78.47%
SPANISH		1500	633	110	1334	1594	5171	11.19%
UNKNOWN/UNSPECIFIC		696	1074	394	1023	799	3986	8.63%
NAVAJO		13	7	180		11	211	0.46%
OTHER		55	16	12	30	25	138	0.30%
ARABIC		29	11		9	66	115	0.25%
AMERICAN SIGN LANGUAGE		16	20	9	15	11	71	0.15%
VIETNAMESE		10	18	1	4	11	44	0.10%
FARSI		12	3		2	7	24	0.05%
SWAHILI		10			4	7	21	0.05%
ALBANIAN		3	6	1	5	2	17	0.04%
SOMALI		13	2		2		17	0.04%
FRENCH		2	2		4	7	15	0.03%
RUSSIAN		2	3	1	1	3	10	0.02%
SIGN EXACT ENGLISH		2		1	3	3	9	0.02%
CHINESE		5	3				8	0.02%
CROATION		2	1	2	1	2	8	0.02%
DUTCH		2	3	1		2	8	0.02%
MANDARIN		2	3	1	1	1	8	0.02%
CANTONESE		1	2			4	7	0.02%
GREEK			1	1	4		6	0.01%
KOREAN		3	2			1	6	0.01%
FILIPINO		4	1				5	0.01%
HINDI		3	1			1	5	0.01%

MEMBER LANGUAGE	ATPC	CENTRAL	EAST	NORTH	SOUTH	WEST	Grand Total	% OF TOTAL
NATIVE AMERICAN		1	1	3			5	0.01%
ROMANIAN						5	5	0.01%
TAGALOG		2	1			1	4	0.01%
BOSNIAN		3					3	0.01%
JAPANESE		1	1	1			3	0.01%
AMHARIC				1	1		2	0.00%
HOPI				2			2	0.00%
INDIAN (INDIA)		2					2	0.00%
SERBIAN		2					2	0.00%
TOHONO OODHAM				1	1		2	0.00%
APACHE			1				1	0.00%
BRAILE		1					1	0.00%
ITALIAN					1		1	0.00%
KHMER		1					1	0.00%
KISWAHILI						1	1	0.00%
PORTUGUESE		1					1	0.00%
YIDDISH					1		1	0.00%
<b>TOTAL</b>	<b>51</b>	<b>10471</b>	<b>11298</b>	<b>3967</b>	<b>9041</b>	<b>11374</b>	<b>46202</b>	

Upon intake, which is the initial point of contact, each member is asked for their primary language. This information is entered into the Division's Focus system. The Eligibility Specialist will advise the member that oral and written interpretation services are available at no cost. The member is provided a copy of the ALTCS Member handbook which provides information about how to access language services and auxiliary aids and services. The member's needs for interpretation are communicated to the Support Coordinator so if interpretation services are required, they can be scheduled for in-person meetings ahead of time. Spanish-speaking members are usually assigned to Spanish-speaking staff. In addition, members who live on Navajo Tribal Land, are generally assigned to a Support Coordinator who is employed by the Navajo Nation through its Tribal Social Services program using the IGA. For all other languages, interpreters are scheduled to translate at all planning meetings. The Division ensures that interpreters used are qualified to provide the service and understand interpreter ethics and member confidentiality needs as specified in 45 CFR 92.4 by using the State of Arizona procured contract that all state agencies may use (ADSP018-00008136 Statewide Foreign Language Interpretation and Translation Services). This contract requires the following:

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

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

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

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

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

The Division is also able to provide materials for those with visual and auditory limitations. The Division follows AHCCCS Contractor Operations Manual (ACOM) Policies 404 and 405.

The Division operates a Bilingual Language Stipend program, which pays state employees a yearly stipend to conduct Support Coordination responsibilities in the primary language of members and their families. Hiring

preference is given to bilingual Support Coordinators and staff. Currently 150 employees receive this stipend which is a net seven (7) increase from CYE 21. 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 has professional contracts for interpreter and translation services in all areas of the state, and a process for employees to quickly access language services for members with LEP when staff are not available who can speak the primary language of the member/ family. In CY 2020, 1932 members received interpreting services for this purpose.

The Division received nine (9) total grievances this plan year about language access. All were resolved to the member's satisfaction within required timeframes.

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

### Measuring Network, Outreach Services, and Other Programs

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

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

Data	Description	Frequency
Vendor and Provider Forums	Standing agenda item includes Cultural Competency.	Quarterly
Stakeholder Meetings	DDD Town Hall	Monthly
Stakeholder Input	Independent Oversight Committee (IOC)	Monthly
Stakeholder Input	Developmental Disabilities Advisory Council (DDAC)	Quarterly
Stakeholder Input	Raising Special Kids The Arc of Arizona	Monthly
Stakeholder Input	Arizona Developmental Disabilities Advisory Council (ADDPC)	Quarterly

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

The Division’s process for matching members who need Home and Community Based Services (HCBS) to Qualified Vendors and providers includes identifying the members values, preferences, strengths and needs including the cultural and language needs the members and family have. These are used to guide in the referral/vendor call and service delivery. In addition, the Division’s paper and online directories include information about language capabilities of Qualified Vendors and providers along with available accommodations that the vendor provides to ensure member accessibility for their specific needs. The Division’s contracted Health Plans also provide information in their provider directories to assist members in making choices in providers.

## Health Equity Within HCBS

DDD is proposing to procure a consultant to research and recommend strategies to develop and/or improve equity-based performance metrics for individuals with I/DD. It is anticipated that this very specific aspect of health equity work will coordinate with the broader health equity work that is being conducted by AHCCCS. DDD is specifically interested in conducting equity studies to identify populations that are underserved within HCBS due to factors such as eligibility requirements or policy limitations. Additionally, this effort will assess the impacts of stigma associated with I/DD as well as conscious and unconscious biases that providers may be working through as they deliver services to members living with these disabilities. It is expected that DDD will also utilize the consultant to complete an internal evaluation of DDD. The initial evaluation work is anticipated to lead to implementation of recommendations to improve program and service access and address disparities in care between populations. It is expected that the recommendations will range from policy updates and data collection proposals to broader systemic redesign efforts and opportunities for staff, provider, and community-based training.

The Division currently employs a Tribal Health Coordinator whose role is to provide oversight and monitoring of the utilization of physical and behavioral health services by the Division’s American Indian/Alaskan Native member population. This position works with the Healthcare Service’s Utilization Manager, Claims, and Support Coordination to prepare reports on findings and respond to anomalies in data and presents at quarterly Tribal Forum meetings, in collaboration with the DES and DDD Tribal Liaison to identify trends

and outreach opportunities. In addition, this coordinator works with AHCCCS Division of Fee for Service Management (DFSM) and the DDD Health Plans to deliver information and material to Division FFS and Health Care Services staff that increases the knowledge base of existing employees and coordinates with Tribal Leaders/Liaisons at a minimum quarterly, to review utilization findings, member concerns, provider concerns and any other item impacting appropriate service access for tribal members. This year, the Division developed a heat map to geographically identify where the DDD American Indian/Alaskan Native members live. During the COVID-19 Public Health Emergency, DDD used the heat map to identify and provide resources to those tribal members who tested positive for COVID-19.

## Communicating with Stakeholders and Other Organizations

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

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

The Division also participates in three State focused groups related to Cultural Competency. The first group is the statewide Cultural Competency Coalition (C3) group, which is composed of Arizona Managed Care Plans. The C3 members are from AHCCCS Health Plans and AHCCCS Program Contactors working together to build consistent message tools and practices to help the provider community deliver services in a culturally competent manner, which includes hosting an annual conference. This committee is dedicated to developing cultural competency and health literacy within the common provider network.

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

The National Association of State Directors of Developmental Disabilities Services (NASDDDS) mission is to assist member state agencies in building person-centered systems of services and support for people with intellectual and developmental disabilities and their families. As a member, Arizona has participated in the Equity, Diversity, and Inclusion: State Round Table Series, sharing ideas and best practices with national partners.

DDD has a designated Tribal Liaison (in OIFA) who works with the other ADES Tribal Liaisons to facilitate effective working relationships with the twenty-two (22) federally recognized Arizona tribes. The DDD Tribal Liaison tracks tribal affiliation so that data can be shared with the tribal governments and DDD for planning purposes to advocate for the physical and behavioral health needs of all DDD Tribal members, especially those

in underserved, rural areas of the state. The Division also provides notification to all the tribes of all policy changes when the Division sends information to members, however this process could be improved where members live in more rural locations. Outreach included visits to individual tribal nations, joint presentations, and facilitation of inquiries from both DDD and the tribes. Individual meetings with the TRBHAs were not held. Because this position is established and has the main function of tribal outreach, this work will continue but will not be included in next year's formal plan goals because the position is established and has the main function of tribal outreach and not of moving forward the objectives of the Division's cultural competency plan. From October 1, 2020 through September 30, 2021, DES/DDD staff participated in the following tribal activities:

- Sixty (60) virtual tribal communication meetings
- One (1) virtual Tribal Consultation
- Four (4) Tribal Informational Forums and provided DDD specific information to the tribes and tribal partners serving the DDD tribal members as well as information regarding the upcoming DDD AIHP Integration.

DDD has an Intergovernmental Agreement with the Navajo Nation Division of Social Services to provide comprehensive case management for DDD ALTCS members who reside on the Navajo Nation. The comprehensive case management duties are the same as a DDD Support Coordinator. The contracted unit served an average of 190 members of the Navajo Nation per month during FY 2021.

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

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

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

DDD's outreach and engagement team, housed in OIFA, makes efforts to ensure all Arizonans receive the appropriate information and support through the Division by way of contracted providers such as Language Connection and the Language Connect Hotline, use of bilingual educators, and other school personnel, at various community events. The outreach and engagement team makes it a priority to have printed materials available at each event in both English and Spanish. This team connects to community members of various cultural backgrounds, such as the State NAACP, GANE, One N Ten and by proxy the LGBTQ+ community, and other like organizations for minority community engagement and equal information distribution. The

engagement also collaborates with disability specific organizations such as with the Autistic advocacy community and other community partners.

## Community Health Assets

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

Support Coordinators, as part of the Person-Centered Planning Process (PCSP) connect members and families to community resources to help support health, social and wellness for each member. The Department of Economic Security has developed and maintains a list of community assets via a searchable community resource guide on its webpage that can be used in English and Spanish. <https://des.az.gov/services/child-and-family/community-resources> The Division also maintains community health and resources information [online for general resources as well as local, state, and national groups](#) that support members and their families, including resources for refugees and their families. Many resources can assist with day to day tasks and other services that may not be covered by the Division. This is especially important for members who are not ALTCS eligible and are 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. Support Coordinators share these with resources with members and families who may benefit from additional resources. In addition, these resources are shared with Qualified Vendors of HCBS services through vendor communication and provider meetings as well as being publically available on the Division's website. These resources help providers in providing information to or coordinating services for members that respond to the cultural and linguistic diversity of the members they serve.

DDD participates in monthly Community Conversation events, hosted by AHCCCS OIFA. These events emphasize Community Input on what is or isn't going well, and what recommendations the community may have to resolve these concerns.

## Division Subcontracted Health Plans

The Division currently holds contracts with two health plans to provide acute care, physical and behavioral health services to members throughout the state. The Division's subcontracted health plans are:

- Mercy Care Plan
- United Health Care Community Plan

The Division provides and coordinates linguistic and disability-related services by requiring its subcontractors to translate all written notices informing the members of their right to interpretation and translation services and by requiring subcontractors to translate all materials, documents, and communications into other languages. All member information materials include taglines in the Prevalent Non-English languages in Arizona and include large print (font size of at least 18 point) explaining the availability of written translation or oral interpretation services with their toll-free and TTY/TDY telephone numbers for Member Services. All



vital materials must be made available in the Prevalent Non-English languages spoken for each LEP population in their service areas. All written materials for Members shall be translated into Spanish regardless of whether the material is vital.

The Division and its subcontractors are required to make members aware that translation/interpretation services are available per the AHCCCS ACOM 405. This service must be provided at no cost to members.

The Division requires that its subcontractors have a written Cultural Competency and Family Centered Care Plan/Language Access Plan that describes the organization's program. This is outlined in Division's contract with each plan and requires, "The Contractor shall participate in the Division's efforts to promote, and shall implement a program that promotes, the delivery of services in a culturally competent manner to all members, including those with LEP and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity and meets the requirements of the AdSS Operations Manual, Policy 405 [42 CFR 457.1230(a), 42 CFR 438.206(c)(2)]. The Contractor shall annually develop and implement a Cultural Competency Plan and a Language Access Plan, which meets the requirements of the AdSS Operations Manual, Policy 405. The Language Access Plan must indicate how the needs of members with LEP are met. An annual assessment must include the effectiveness of both Plans, along with any modifications that were made. Both Plans must be submitted as specified in Section F, Exhibit F3, Contractor Chart of Deliverables."

The DDD Health Plans are required to ensure that ethnic, racial, cultural, geographic, social, spiritual and economic diversity is recognized across all members and their families. The Cultural Competency and Family Centered Care Plan/Language Access Plan must outline the policies and procedures created to support the medical, behavioral, educational, emotional, environmental, and financial needs of members and their families. The CCP must include data about the availability of service systems and personnel to support the family's role as decision makers; this includes collaboration among families and health care providers at all levels.

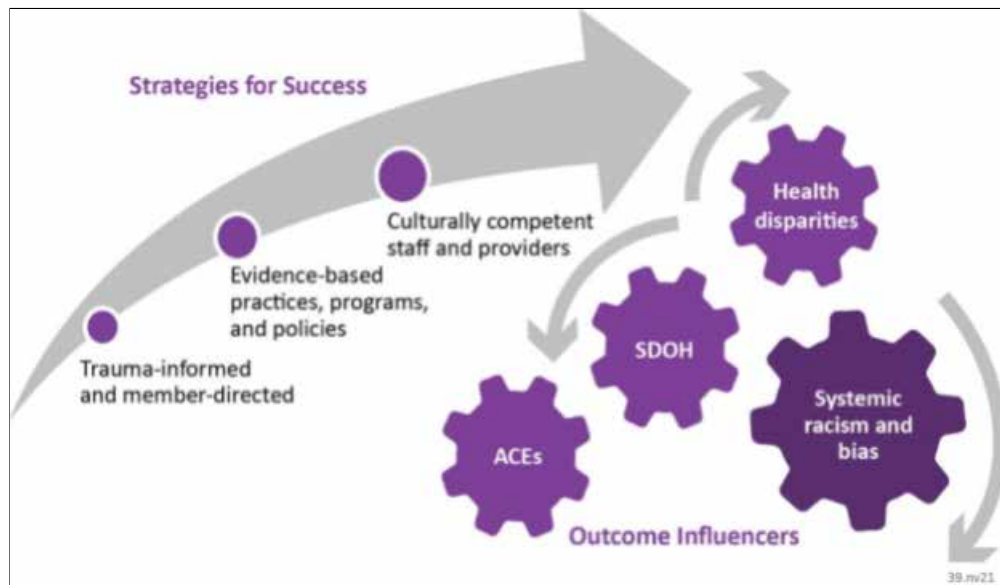
The Division evaluated the subcontracted health plans' CCP based on the following:

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

## Mercy Care Plan

Synopsis: “Mercy Care is committed to bringing culturally competent health services to our members. This means that services respect and respond to members values, beliefs and practices, primary languages, level of health care knowledge and communication needs. Our comprehensive cultural competency program is delivered in a culturally competent manner inclusive of those with Limited English Proficiency (LEP) and the comprehensive health of our members and families, including circumstances that impact their well-being, with special consideration for the under served and those with complex health needs regardless of race, color, religion, ethnicity, national origin, sex, sexual orientation, gender identity, age or disability. Embracing what makes a person unique improves the quality of their care and wellbeing. We hold providers in our network to this same standard. Mercy Care expects all providers to uphold the CLAS standards and check for education/ knowledge and monitor for non-compliance through the member complaint and grievance process. Our provider’s cultural competency and sensitivity practices:

- Understand what social factors may have played a part in someone’s emotional trauma and/or behavioral health issues including racism, discrimination, war, violence, migration, and systems of oppression.
- Communicate with patients in a way that respects their language, customs, beliefs, and values.
- Provide trained language interpretation services at no cost.
- Consider treatment options specific to a person’s race, ethnicity, or culture as necessary.
- Understand that accepted medical practices may differ for someone based on their culture, beliefs, race, or ethnicity.



- Involve any existing family, peer or community support the patient has that can help them be comfortable with receiving care.”

Mercy Care’s comprehensive health equity framework is rooted in evidence-based and culturally competent trauma-informed strategies.

### Evaluation:

Mercy Care’s Cultural Competency Plan was clear and thorough and was updated to align with the organization’s health equity efforts Workforce Cultural and Linguistic Competency, Communication and Language Access, and Health Outcomes. During this plan year, MCP implemented a robust training and

education to internal staff and external providers. Mercy Care Tribal Relations efforts addressed health disparities and the public health emergency affecting tribal nations.

MCP identified a statistically significant disparity in the rate of:

- Annual dental visits for Division members aged 15-18 (44.8%) and age 19-20 (43.6%) as compared to the total measure membership of age 2-20 (48.9%)
- Mammograms to screen for breast cancer for Alaskan/American Indian/Native American members (11.1%) as compared to Caucasian members (36.6%)
- Annual well child visits age 18-21 (43.1%) as compared to members age 3-17 (52.5%)

In addition MCP increased the availability of providers working with Native American and African American members, LGBTQ+ members, and increased the network of bilingual BHR providers. As a result of their recommendations, Mercy Care partnered with Phoenix Children's Hospital to deliver a grant training program titled 'A Right, not a Privilege: Expanding Access to Gender Inclusive and Affirming Behavioral Health Care'. This grant was focused on enhancing staff competency with Gender Diverse members and to promote the development of an outpatient referral network to meet the behavioral health needs of transgender and gender diverse (TGD) children and youth and their families.

Mercy Care Grievance and Appeals received a total of 11 complaints regarding cultural competency since the beginning of 2021 (11 cases, 6 were unsubstantiated, 1 partially substantiated, 1 substantiated). Mercy Care implemented an approach to improve access and quality of services for these members by providing an Onsite Block Interpretation Service model in collaboration with peer-run providers. The model offers two interpreters, one male and one female, on site eight hours per day each, Monday through Friday. The new process helps to ensure that there are not multiple interpreters attending each group session, as well as allowing members to feel confident that every day there will be an interpreter on site whether or not the member had arranged to attend programs in advance.

Standing Goals for FY 2022 Continue to be:

1. Improve and support cultural and linguistic competency in the health care system
2. Improve access and quality of services for members with Limited English Proficiency (LEP), including individuals who are deaf and hard of hearing

In addition, MCP used its data documented in its 2021-2022 plan to set the following goals for 2022:

1. Reduce disparities related to completion of Annual Dental Visits that exist for MC DDD members age 19-20. By December 31, 2022, MC DDD will increase the rate of compliance for members age 15-18 & 19-20 with Annual Dental Visits, as defined by the NCQA HEDIS® measure.
2. Reduce disparities related to completion of mammograms to screen for Breast Cancer by Alaskan/American Indian/Native Americans. By December 31, 2022, MC DDD will increase the rate of compliance for Alaskan/American Indian/Native American members who receive mammograms to screen for Breast Cancer, as defined by the NCQA HEDIS® measure.
3. Reduce disparities related to completion of Annual Well Child Visits that exist for MC DDD members ages 18-21. By December 31, 2022, MC DDD will increase the rate of compliance for members age 18-21 with Annual Well Child Visits, as defined by the ca HEDIS® measure.
4. Increase the capture of Social Determinants of Health (SDoH) data through claims. By December 31, 2022, MC DDD will increase the percentage of claims for DDD members which include a Z code for

identification of SDOH factors which may impact member access to care, as identified through the Tableau report “SDOH – Plan View” by an absolute 10% over the current rates.

## United HealthCare Community Plan

Synopsis: “UnitedHealthcare Community Plan (UHCCP) seeks to enhance the health and well-being of the members we serve and the communities in which they live. We work with health care professionals and other key partners to expand access to quality health care to provide our members with the care they need. We support the physician/patient relationship and empower our members with the information, guidance, and tools they need to make personal health choices and decisions. Our mission is to help people live healthier lives. UHCCP is dedicated to helping to make the health system work better for everyone, to operate without bias, and to enable a more diverse health workforce. Our commitment to cultural diversity awareness and sensitivity begins with embracing the “Live Our Culture” strategy within our company. We build community by developing relationships with internal and external partners, while focusing on our Winning Priorities and delivering results. We are accountable to:

- Acting with Integrity
- Demonstrating Compassion
- Building Stronger Relationships
- Seeking Innovation
- Improving Performance”

Evaluation:

UHCCP provides services to members in all 15 counties in Arizona, giving them the unique opportunity to focus on the needs of urban and rural communities, such as the Hispanic communities in Cochise, Graham, Greenlee and Santa Cruz Counties, the needs of the border community of Nogales, American Indian communities in the Northern Counties, and the population of refugees resettling in Pima and Maricopa Counties from various countries throughout the world.

UHCCP’s Health Equity Services Program supports efforts to reduce health disparities. For CYE 21, UHCCP Quality Management identified areas of focus with known health disparities: flu vaccinations and women’s health screenings. QM performed an exploratory analysis to preliminarily evaluate health disparities among UHC members for flu vaccinations, breast cancer screenings, and cervical cancer screenings. The findings of the analyses revealed an opportunity to improve breast and cervical cancer screenings for black or African American members.

- The flu vaccination analysis utilized a December 2020 Member Enrollment Report and a 2020-2021 Flu Vaccination Report to evaluate flu vaccination rates based on race, ethnicity, and geographic areas.
- The women’s health screenings analysis utilized the Breast Cancer Screening and Cervical Cancer Screening C&S Prospective Member Demographic Detail reports to identify disparities based on race, ethnicity, and geographic areas.

UHCCP’s Cultural Competency Coordinator is also the Member Advocate in the UHCCP OIFA team so ensures that initiatives that involve helping the member advocate for themselves (or their child minors). This structure appears to be a good way to support members to navigate the health and social service systems in order to improve access to care. For example, for CYE 2022, UHCCP in collaboration with Raising Special Kids, Sonoran UCEDD, March of Dimes, and Ability360, a new pregnancy and parenting workgroup for individuals with

disabilities is in development. The workgroup goal is to educate providers and provide specific pregnancy and parenting related education, resources, peer mentor, and support groups to people with disabilities. Through these relationships and initiatives, the health plan continues to support efforts to reduce health care disparities and provide culturally competent care for pregnant women and their babies.

UHCCP reviewed twelve months of grievance reports and identified one unsubstantiated grievance related to Cultural Competency. A resolution letter was sent to the member.

UHCCP trains providers using Relias. Topics include defining social determinants of health (SDOH), identifying resources to improve quality of life, gaining knowledge in the 5 key determinants, learning the AHCCCS approved SDOH screening tools, and reviewing why screening for SDOH is critical. For CYE 22 UHCCP created a resource guide for members and providers with community resources that are available.

Standing Goals for FY 2022 Continue to be:

1. Provide ongoing information, education, and resources to all stakeholders on Diversity, Cultural Competency and meeting the needs of cultural groups within the UHCCP membership.
2. Ensure the provisions of linguistically appropriate services are provided to all members.
3. Membership, adequacy of services available to meet the language needs and provide strategies and actions to meet any identified gaps.
4. Evaluate satisfaction of stakeholders with the delivery of culturally competent services by UHCCP and its providers and the availability of resources to assist with the delivery of services and implement actions to address those outcomes.
5. Analyze member appeals and grievances reporting to identify trends and develop strategies related to the delivery of culturally competent services.
6. Develop and maintain partnerships that work to bridge the health literacy gap and create a more unified educational approach to addressing healthcare literacy across the continuum of AHCCCS services and providers.

In addition, UHCCP set the following goals for 2022:

1. Utilize the results of the preliminary disparity analysis to identify health equity opportunities.
  - a. Increase the percentage of black or African American members receiving breast cancer screenings
  - b. Increase the percentage of black or African American members receiving cervical cancer screenings
  - c. Identify additional factors, if any, impacting breast and cervical cancer screening rates for black or African American members.
2. Develop a written Health Disparities Action Plan to address healthcare disparities.
  - a. A description of the process utilized to conduct disparity analyses including the analytical tools and the methodology for identifying disparities.
  - b. Identify disparity analysis to ameliorate the disparity(s), and related measurable goals/objectives.
  - c. Construct a detailed evaluation of disparity analysis findings and identify progress on identified goals/objectives.
  - d. Evaluate performance measure rates specific to subpopulations including Title XIX, Title XXI, and members with special health care needs.
  - e. Provide a detailed overview of the Contractor's identified measurable Health Equity Goals/Objectives for the Upcoming Calendar Year.

- f. Identify targeted strategies/interventions planned to achieve its health equity goals

## Training

### Division Staff Training

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

The Division stresses the importance of being a culturally competent agency by promoting adherence to LEP requirements. Support Coordinators complete a Computer Based Training (CBT), LEP Overview, and are required to take an assessment that verifies their understanding of the material after the training is completed. This training in LEP requirements is required within the first 30 days of employment and annually thereafter. In addition to the training, an LEP guideline is posted on the Division's SharePoint site available to all staff. In March 2021 the Division also updated its procedures for limited English proficiency interpretation services.

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

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

All new Division staff are required to take these training sessions within 30 days of hire and annually thereafter. IN addition this year in service was provided to Support Coordination Supervisors by the Arizona Commission for the Deaf and the Hard of Hearing (ACDHH) on ASL and deaf culture, supervisors shared this information with their support coordinators.

Support Coordination and Network staff from each District also received training by attending the seventh Annual African-American Symposium on Disabilities. Each year a different group of staff attend so as many individuals as possible can experience this conference and training opportunity.

### Qualified Vendor Training

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

- An effective communication strategy when considering acceptance of a referral.

- Reasonable steps to ensure meaningful access to Medicaid services for persons with LEP.
- Written information in the prevalent non-English languages in a service area.
- Free interpreter services for all non-English languages, not just those identified as prevalent.

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

The Division holds statewide Qualified Vendor and Provider Meetings at least quarterly. Cultural Competency is a standing agenda item for Quarterly Provider Meetings to ensure awareness of the importance of providing services in a culturally competent manner, provide resources and to discuss any issues or concerns that arise relating to this area. In this plan year, based on stakeholder feedback, the Arizona Commission for the Deaf and Hard of Hearing presented to the Qualified vendor community to provide strategies for supporting language access to Division members who are deaf or hard of hearing.

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

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

## Evaluation and Monitoring

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

### ALTCS Case File-Member Surveys

Support Coordination Supervisors conduct quarterly ALTCS case file reviews and monitoring of cases that are chosen at random. The monitoring consists of a file review and a member telephone survey, which has two questions related to cultural competency. This year a total of 6962 reviews were completed with, with 5421 members/ families responding to the telephone survey.

When asked "Are planning meetings conducted in your primary language?" The survey response demonstrates that 99.78 % of members' planning meetings are conducted in the members' preferred language.

Planning meetings conducted in a language you understand?	State Operated	District Central	District East	District North	District South	District West	Total
Yes	100.00%	100.00%	99.78%	99.65%	99.92%	99.60%	99.78%
No	0.00%	0.00%	0.22%	0.35%	0.08%	0.40%	0.22%

When asked “Is your provider respectful of member/family’s customs and traditions?” The survey response demonstrates that 99.76% of members’ providers are understanding and respectful of the member/family’s traditions.

Are providers respectful of customs and traditions?	State Operated	District Central	District East	District North	District South	District West	Total
Yes	100.00%	99.59%	99.70%	99.65%	99.75%	99.93%	99.76%
No	0.00%	0.41%	0.30%	0.35%	0.25%	0.07%	0.24%

### Qualified Vendor Survey 2021

The Division implemented a Qualified vendor survey in July 2021. Of the approximately 670 Qualified vendors, 215 vendors responded (32% response rate). There were participating vendors for all services contracted under the Qualified Vendor Agreement and serving all Districts, with District North and South slightly less represented. The vendor participants represented varying sized agencies based on number of members served. The survey generally showed 80% or greater compliance with most of the requirements previously established by the Division.

%	Qualified Vendor Responses Above 80%
81%	The agency has a method to translate documents into other languages for members or family/guardians with Limited English Proficiency (LEP).
82%	If the agency provides center-based services, answer the following question: The agency ensures that magazines, brochures, and pictures or posters displayed in the waiting area are of interest to and reflect the different cultures of members and their families.
86%	The agency has a Cultural Competency Plan which is reviewed and updated annually.
86%	If the agency provides center-based services, the agency offers Four or More Special Accessibility Features
89%	The agency uses bilingual staff or qualified interpreters for assessment, treatment, and other interventions with members who have Limited English Proficiency (LEP).
93%	For members who speak languages or dialects other than English, the agency and agency staff learn and use common words and phrases in the member's preferred language, so they are better able to communicate with the member during an assessment, treatment, or other interventions.
94%	The agency recruits staff who reflect the cultural and linguistic diversity of its members.

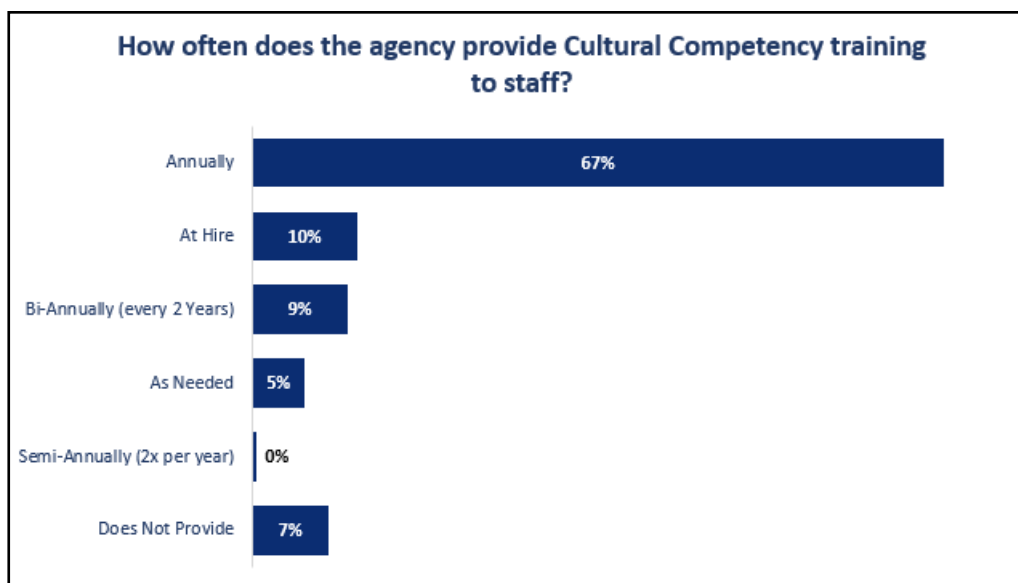


%	Qualified Vendor Responses Above 80%
94%	If the agency provides center-based services, answer the following question: The agency ensures that members are engaged in community activities.
99%	If the agency provides in-home services, the caregiver/provider is oriented to acceptable behaviors, customs, and expectations that are unique to families of specific cultures and ethnic groups.

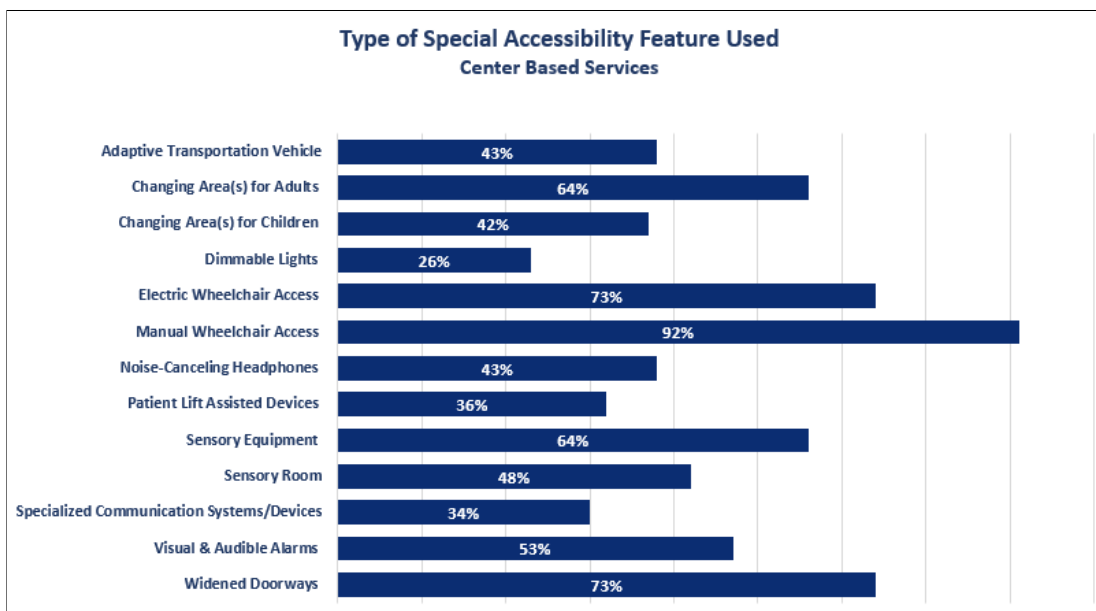
Analysis: Generally Qualified Vendors have Cultural Competency plans and are providing translation and interpretation and develop communication methods to communicate with members. Almost all vendors are orienting their direct care workforce to the specific needs of each member.

%	Qualified Vendor Responses Below 80%
72%	The persons answering the agency telephones, during and after-hours, can communicate in languages other than English or have access to interpreters.
69%	The agency forms filled out by the member or family/guardian are written in their preferred language.
67%	The agency provides education to the member or family/guardian for how to access and use interpreter services in their primary language.
32%	If the agency provides American Sign Language (ASL) interpretation for members, does the staff member(s) who provide the translation hold a certification or a degree in this field?

Analysis: Additional support can be provided to Qualified vendors to ensure greater language access to members and families seeking services or trying to engage with the agency. Additionally, use of certified or degreed interpreters may be underutilized for American Sign Language.



Analysis: Additional information and technical assistance should be provided to Qualified Vendors about the requirement for annual Cultural Competency training.



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

## Grievance and Complaints

All formal complaints, including LEP complaints, are routed through DDD's Customer Service Center (CSC). Most of the LEP complaints are because a family speaks Spanish, and they want a Spanish speaking Support Coordinator. DDD tries to assign bilingual staff with Spanish-speaking caseloads. In certain circumstances this is not available, so the family may complain to the Supervisor. Almost all the LEP complaints pertaining to case management are for this reason. In these instances, the Supervisor will reassign the case when possible. AHCCCS requires complaint closure within 10 days but not to exceed 90 days of opening and prefers the average number of days to closure to be less than 30 days. For this contract year the number of days for closure of complaints ranged from 2 days to 127 days. The longest open complaint was due to having to find a provider who knew American Sign Language. Modifications were made to the Division's Cultural Competency Plan based on this identified issue. Please see activity #4 under Modifications to the 2020-2021 Cultural Competency and Family Centered Care Plan/Language Access Plan and Goal #4 Action items 4.1 and 4.2 in the Appendix C: Cultural Competency Work Plan CYE 2021-2022

The Division received nine (9) total grievances this plan year about language access. All were resolved to the member's satisfaction within required timeframes. The Division is developing processes for next plan year to provide additional funding for Qualified Vendors to assist them with providing services in non-prevalent languages (see Work Plan for 2021-2022). DDD continues its recruitment efforts for bilingual staff. LEP complaints are usually handled by the District Area or Program Managers as they are received. The majority are resolved at the District level. LEP complaints not resolved at the district level are elevated to and recorded by the CSC in their database and assigned a number. This would also occur for the complaints that are called into CSC directly. When CSC receives the complaint, it is assigned out to the field for follow-up and is monitored until resolved. After the LEP issue has been resolved, the complaint is closed.

## Modifications to the 2020-2021 Cultural Competency and Family Centered Care Plan/Language Access Plan

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

- The review and approval of changes to the CCFCP was moved to the Executive Leadership team. This was done to ensure that all areas had direct engagement and improved alignment in various parts of the organization. The Cultural Competency committee is no longer in effect.
- The responsibility for the Cultural Competency and Family Centered Care Plan/Language Access Plan was moved to the Network Operations and Management Administration and two new positions were created to assist the Division with enhancing the program: Cultural Competency Manager and Cultural Competency Coordinator. The manager will report directly to the Deputy of the Network Operations and Management Administration and both positions will be recruited and filled in CYE 2022. These positions will additionally collaborate with DES's newly created position of Diversity and Inclusion Officer.
- Drafted new language related to enhanced Cultural Competency and Family Centered Care requirements and Language Access in the Qualified Vendor Agreement and posted for public comment in Summer 2021. These changes will be finalized in Spring 2022 and will go into effect in 2023.
- Significantly revised the Division's Provider Manual Chapter 62- Cultural Competency and Family Centered Care, posted for public comment, and developed a rate structure to compensate Qualified Vendors who provide services in non-prevalent languages. Rates were posted in October 2021.
- Purchased software (ReadablePro) for use in creating documents in plain language for use in member communication. The use began in April 2021 improving readability assessments and the Division's communications team to identify improvements in enhancing the readability level of documents to make them more user friendly and person first.

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

The Division's Executive Leadership Team has formally:

- Evaluated the effectiveness of the CYE 2020-2021 Cultural Competency Plan Evaluation Work Plan strategy and activities: and
- Reviewed and approved the CYE 2021-2022 Cultural Competency and Family Centered Care Plan/ Language Access Plan and work plan on November 18, 2021

The DES DDD CYE 2020-2021 Cultural Competency Plan Evaluation and the CYE 2021-2022 Cultural Competency Plan and work plan responsibility and approval:



12 17 2021

Nicolette Fidel

Date

Deputy Assistant Director

Network Operations and Management/Cultural Competency Coordinator (Interim)

Division of Developmental Disabilities



12/17/2021

Zane Garcia Ramadan

Date

Assistant Director

Division of Developmental Disabilities

## Appendix B: Cultural Competency Evaluation Work Plan CYE 2020-2021

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

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
To increase cultural awareness of different disability communities.	Minimally, twice a year a presenter representing a culturally diverse agency will present at the quarterly statewide supervisors meeting.	Supervisors will be required to share the information with their staff and document having done so.	10/1/20	09/30/21	The Cultural Competency Coordinator and the ALTCS Unit.	MET  Raising Specials Kids: Enhanced Language Access and Cultural Supports for members and families presented June 7, 2021.  Ability 360: Self-Determination and Self-Advocacy for individuals with ID/ DD September 20, 2021.

## Appendix B: Cultural Competency Evaluation Work Plan CYE 2020-2021

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

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
The Division to increase its Tribal & TRBHA Collaboration	<ol style="list-style-type: none"> <li>1. Meet w/ each TRBHA independently</li> <li>2. Participate in DES Tribal Forums and Tribal Consultations</li> <li>3. Meet personally w/ DDD Tribal Support Coordinators and Tribal Case Managers.</li> <li>4. Advocate for the physical and behavioral health needs of all DDD Tribal Members especially those in underserved, rural areas of the state.</li> </ol>	The Cultural Competency Coordinator will receive quarterly updates from the DDD Indian Health Service Coordinator of DDD HCS.	10/1/20	09/30/1	1. DDD Health Care Services and Behavioral Health Unit.	<p>PARTIALLY MET</p> <p>From October 1, 2020 through September 30, 2021, DES/DDD staff participated in the following tribal activities:</p> <ul style="list-style-type: none"> <li>• Sixty (60) virtual tribal communication meetings</li> <li>• One (1) virtual Tribal Consultation</li> <li>• Four (4) Tribal Informational Forums and provided DDD specific information to the tribes and tribal partners serving the DDD tribal members as well as information regarding the upcoming DDD AIHP Integration.</li> <li>• Specific meetings were not held with each TRBHA.</li> </ul>

## Appendix B: Cultural Competency Evaluation Work Plan CYE 2020-2021

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

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
The Division will conduct a survey of the DDD Qualified Vendor Network to ensure compliance related to cultural competency	Conduct review and analyze provider surveys.	Analyze Division survey results, if deemed appropriate enter into Resolution System.	10/1/20	09/30/21	Cultural Competency Coordinator and Network	MET Survey completed July 2021.

## Appendix B: Cultural Competency Evaluation Work Plan CYE 2020-2021

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

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
Provide ongoing information, education and resources to all stakeholder on diversity & cultural competency within the DDD membership	The Division will develop a CC library with resource links on its website	Once developed it will be reviewed and updated quarterly at a minimum.	10/1/20	09/30/21	Cultural Competency Coordinator and DDD Communication Team.	MET Added Cultural & Linguistic Competence resources to the DES DDD member webpage: <a href="https://des.az.gov/services/disabilities/developmental-disabilities/current-member-resources">https://des.az.gov/services/disabilities/developmental-disabilities/current-member-resources</a> and Cultural Competency resources to the Vendors and Providers webpage <a href="https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/current">https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/current</a> .  New materials to be added as needed.



## Appendix C: Cultural Competency Evaluation Work Plan CYE 2021-2022

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

Goal	Activity	Responsible Person	Target End Date
1. Measure and improve identified Health Equity disparities.	1.1 Conduct Health Equity assessment for Home and Community Based Services (HCBS)	Cultural Competency Manager	09/03/22
2. Support members and families across the service delivery system	2.1 Fill two new FTE to support implementation of the Cultural Competency and Family Centered Care Program (CCFCCP)	Deputy Assistant Director, Network Operations and Management	03/31/22
	2.2 Measure member/family satisfaction using a Cultural Competency Survey and the supervisor audit tool	Cultural Competency Manager, Support Coordination Supervisors	09/30/22
	2.3 Increase the number of Qualified Vendors self-reporting annual training on Cultural Competency	Cultural Competency Manager	09/30/22
3. Ensure use of “disability etiquette” when establishing rapport and working with individuals with developmental disabilities.	3.1 Implement a ID/DD standard training for behavioral health providers	Behavioral Health Administrator	09/30/22
4. Ensure engagement by members, stakeholders, and the public in implementing and revising the plan.	4.1 Finalize language related to enhanced Cultural Competency and Family Centered Care requirements and Language access in the Qualified Vendor Agreement.	Deputy Assistant Director, Network Operations and Management	07/01/22
	4.2 Post a rate structure in the Diviosn’ s rate Book to compensate Qualified Vendors who provide services in non-prevalent languages.	Business Administrator	01/01/22

- Attachment A: REL-IDD-Person-First Language Transcript
- Attachment B: REL-IDD-Respecting Cultural Diversity in Persons with IDD transcript
- Attachment C: REL-BHC-Cultural-Responsiveness-in-Clinical-Practice\_transcript
- Attachment D: Arizona Long Term Care System (ALTCs) Member Handbook 2021 – 2022
- Attachment E: MemberNewsletter\_SpringSummer2021
- Attachment F: 07\_21\_Member\_Update
- Attachment G: DDD-2089A PCSP
- Attachment H: Provider Manual: Chapter 26 - Cultural Competency and Member and Family Centered Care