



Cultural Competency Program Plan

- Contract Year 2022 Assessment
- Contract Year 2023 Plan

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CULTURAL COMPETENCY PROGRAM INTRODUCTION

Arizona Complete Health (AzCH) includes the Medicaid business, Arizona Complete Health-Complete Care Plan (AzCH-CCP), Ambetter for Market Place and Wellcare by Allwell for Medicare. AzCH-CCP includes the AHCCCS Complete Care (ACC) Line of Business (LOB) and the Regional Behavioral Health Authority (RBHA) LOB. AzCH is a subsidiary of Centene Corporation®, a managed care organization whose purpose is “*Transforming the health of the community, one person at a time*”. All the aforementioned LOBs may be referred to as “the Plan” within this document. Although AzCH-CCP is a focus within this plan, the plan is applicable to each LOB.

AzCH provides culturally and linguistically sensitive services as a core business strategy for the entire health plan. Cultural competency within the Plan is defined as the willingness and ability of the organization to value the importance of culture in the delivery of services to all segments of the population. It is the use of a systems perspective which values differences and is responsive to diversity at all levels. Cultural competency is community focused, and family oriented. In particular, it is the valuing of differences and integration of cultural attitudes, beliefs and practices into diagnostic and treatment methods throughout the health care system to support the delivery of culturally relevant and competent care. It is also the development of skills and practices sensitive to cross-cultural interactions, and encouragement of practices that ensure services are delivered in a culturally competent manner.

Arizona Complete Health acknowledges its obligation to provide members with culturally appropriate health care. Services are provided in an accessible and responsive manner to all beneficiaries, including those with diverse cultural and ethnic backgrounds, varied health beliefs and practices, limited English proficiency, disabilities, and differential abilities, regardless of race, color, national origin, sex, sexual orientation, gender identity, preferred language, or degree of health literacy. AzCH implements processes that assure the health care services provided have the flexibility to meet the unique needs of each member.

Population health management initiatives are reviewed to assure cultural issues and social determinants of health are identified, considered, and addressed. Additionally, the Plan is committed to improving disparities in care; an approach to improving HEDIS measures, reducing utilization costs and delivering locally tailored culturally relevant care. As such, AzCH has developed a health equity approach that identifies disparities in member demographics such as race, ethnicity, language, and geography, prioritizes opportunities at the neighborhood and health plan level, and collaborates across the community to reduce disparities by targeting member, provider, and community interventions.

The AzCH leadership team is committed to focusing clinical, network, and operational processes and resources towards improving the health of its diverse population by:

- Ensuring the provision of culturally and linguistically appropriate services;
- Empowering members and their caregivers in their health care choices through plain language innovation;
- Decreasing health care disparities;
- Improving understanding and sensitivity to cultural diversity among staff and network providers;
- Improving health outcomes by instilling cultural competency into all parts of the organization, such as member services, network development, population health, utilization and care management, and quality improvement.

The Cultural Competency Plan’s foundation centers on utilization of the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*. (<https://www.thinkculturalhealth.hhs.gov/index.asp>) In addition, there is consideration of the impact of the social determinants of health, which are economic and social conditions that influence the health of people and communities. These conditions include poverty, unequal access to health care, lack of education, unemployment, unhealthy housing, unsafe neighborhoods, stigma, lack of provider linguistic and cultural competency, and discrimination (<https://www.cdc.gov/nchhstp/socialdeterminants/faq.html#a>). AzCH recognizes that social determinants of health must be assessed when addressing health inequities and to foster

healthier outcomes. The primary objective of the CLAS Program is to establish an equitable, culturally and linguistically appropriate program for our diverse populations that optimizes members’ comprehension, provides an overall health care experience with the flexibility to meet the unique needs of members, and improves health outcomes.

Culturally responsive health care incorporates cultural considerations that include, but are not limited to the following:

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

Network providers and vendors are informed of the importance of providing services in a culturally responsive manner when they onboard with us via:

- An onboarding orientation and ongoing education provided by Provider Engagement Specialists, as well as technical assistance as needed in collaboration with the Health Equity Specialist.
- Content in the Provider Manual which includes cultural competency program requirements, information about federal and state laws and policies pertaining to supporting the cultural and linguistic needs of members, and health equity.
- Distribution of the Annual Vendor Attestation by the Delegated Vendor Oversight team. This attestation instructs vendors they need to conduct business in a culturally responsive manner for all members including those with limited English proficiency or reading skills, and diverse cultural and ethnic backgrounds. It also instructs them to obtain new hire and annual cultural competency training about the CLAS Standards, ACA 1557 regulations, and ACOM 405 Cultural Competency and Family/Member Centered Care.

The Plan educates health plan staff, providers, and stakeholders about federal and state laws and policies that address nondiscrimination in healthcare to foster health equity. These laws include but are not limited to *Section 1557 of the Patient Protection and Affordable Care Act, the Americans with Disabilities Act, Title VI of the Civil Rights Act of 1964, Section 508 of the Rehabilitation Act, and ACOM 405 Cultural Competency and Family/Member Centered Care*. The education occurs via live events, webinars, meetings, forums, conferences, and written communications including the Provider Manual, emails, and the AzCH website. Staff and providers are required to have training on cultural competency initially as a new hire and annually thereafter.

The Plan monitors the network to ensure it is accessible from both a cultural and linguistic standpoint. This occurs by tracking languages spoken by members and providers, monitoring language utilization for interpretation, surveys, auditing medical record information, quality of care concerns, and tracking/trending grievance and appeal complaints related to cultural needs.

Members are notified of the availability and accessibility of language assistance in a variety of ways, including the Member Handbook, Member Newsletters, Plan website, or Care Managers or other applicable staff. In addition, nondiscrimination notices and language assistance taglines are posted in AzCH office member facing lobbies, on the Plan website, and included in significant communications to members. For more details about language assistance, please reference the CY 2023 AzCH Language Access Plan. The language assistance plan includes:

- The provision of interpretation to members is available through certified bilingual staff and contracted vendors at no charge to the member. Telephone interpretation is available on demand, face-to-face and virtual face-to-face interpretation are available upon request. Providers are encouraged to maintain certified bilingual staff to facilitate and ensure effective communication with members as a best practice. If they do not have certified

bilingual staff available, they are able to use the Plan interpreter resources as an additional option. They are also required to maintain their own language vendor contracts to meet the needs of their members when our vendors cannot meet the need.

- The Plan offers written translation to members through a qualified translation vendor. Members are also able to request material in alternate formats.
- The Plan offers auxiliary aids for members who are Deaf or Hard of Hearing.

AzCH provides members with health care information in a culturally responsive manner via a variety of ways:

- Direct member contact from plan staff
- Member and Family Advocacy Councils
- Via member materials including: Member Handbooks, Member Newsletters, Websites

Family members and other representatives are a primary source of support for the members' health care and decision-making process. As such, family members and representatives are included in assessments and consultations when requested. When the need for additional resources is identified, the Plan assists in connecting members to services within their community. In addition, the Plan utilizes Member and Member/Family Advocacy Councils to obtain direct input regarding services.

Oversight and monitoring of the Cultural Competency Plan and program is conducted by the Health Equity Specialist, who is supervised by the Director of Health Services. The Health Equity Specialist collaborates with various functional units to ensure that the program is properly executed. In addition, the Cultural Competency Plan is shared with staff and stakeholders via meetings or the website. Ongoing updates are provided to the Quality Improvement Committee (QIC) and Performance Improvement Subcommittees (PISC).

AzCH-CCP evaluates the Cultural Competency Program on at least an annual basis in accordance with State and Federal requirements. This report includes assessment of the contract year 2022 (CY 2022) AzCH-CCP Cultural Competency Program Plan, as well as the Cultural Competency Program Plan for contract year 2023 (CY 2023).

The Plan does not, in providing or administering health-related insurance or other health-related programs, discriminate on the basis of race, color, ethnicity, national origin, sex, gender, religion, gender identity, sexual orientation, age, marital status, or disability. The Plan does not exclude people or treat them differently because of race, color, ethnicity, national origin, sex, gender, religion, gender identity, sexual orientation, age, marital status, or disability.

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CONTRACT YEAR 2022 PROGRAM ASSESSMENT

Overview: The CY 2022 Annual Effectiveness Review of the Cultural Competency Plan includes highlights of accomplishments and areas of focus for CY 2023 as outlined below.

Goal 1: MAINTAIN A GOVERNANCE, LEADERSHIP, AND WORKFORCE THAT ARE RESPONSIVE TO THE POPULATION IN THE SERVICE AREA, WHO PROMOTE CLAS STANDARDS AND HEALTH EQUITY THROUGH POLICY, PRACTICES, AND ALLOCATED RESOURCES

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

AzCH and AHCCCS Policies were reviewed for inclusive and sensitive language, suggestions were made to ensure all individuals were included, and changes were implemented which fostered inclusion.

Collaborations with the Centene Corporate Diversity, Equity, & Inclusion Office for Centene-wide cultural program efforts occurred that enhanced staff knowledge and skills via Centene's Employee Inclusion Groups (EIGs) and the AzCH Diversity, Equity, and Inclusion (DEI) Council events.

- AzCH staff had the opportunity to participate in five EIGs; Mosaic (Multi-Cultural Network), I.N.S.P.I.R.E. (Women's Network), Abilities (People with Disabilities & Caregivers Network), CENVET (Veterans & Military Families Network), and cPRIDE (LGBTQIA+ Network). Six AzCH staff held leadership roles within these EIGs. The EIGs offered regular educational opportunities regarding diverse populations including activities and workshops for heritage months, conversation clubs, book clubs, and panel discussions.
- The AzCH Diversity Council offered monthly Courageous Conversations that included the following topics: Racism, Anti-Racism, Poverty, Rural Communities, 2SLGBTQIA+, Realities & Perceptions of Rural Living, and Disabilities. In addition, two Human Library events took place where staff were designated as "books" and shared their stories with other staff designated as "readers" to garner awareness on a variety of life experiences.

Exploration of creating a cultural and health equity page on the AzCH website occurred and the initiative was approved. The page will be developed and added during CY 2023.

Updates on cultural program and health equity initiatives occurred at the QIC meetings, PISC meetings, and Medicaid Oversight Committee meetings.

A pilot of the *Unnatural Causes* documentary learning circle was completed. Participants developed 4 action items to address health equity and social determinants of health across the Plan. In addition, Centene offered several *Unnatural Causes* learning circle series and staff were invited to participate throughout the year. Discussions occurred about the possibility of expanding the pilot to offer ongoing modules for AzCH staff, noting the time consumption of one learning circle and possible modifications to garner the most participants. Further discussions will occur about the learning circle opportunities.

Due to COVID-19, members stopped visiting the AzCH offices and the majority of staff worked from home so the CY 2022 task of posting the National CLAS Standards in public areas to inform members of their rights and our intent to provide culturally and linguistically responsive services did not occur. Now that the state health emergency is decreasing, there is a possibility for office traffic to increase so copies of the Standards will be placed in public areas.

Staff were encouraged by their people leaders to include performance development goals related to health equity and cultural competency in their annual evaluation.

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

The annual staff cultural program survey was analyzed to identify areas of opportunity to enhance the workplace environment. The survey reflected an overall inclusive work environment. Educational opportunities identified within the survey included to learn more about religious beliefs and bias in the workplace. An AzCH DEI Council Courageous Conversation on bias will occur during Q1 CY 2023, and the topic of religion will be included in the next Courageous Conversation series.

Respect for the diversity of our workforce was seen in the company's provision for a flexible floating holiday chosen by individual employees, to allow staff members to recognize a personal cultural, religious, or local holiday or other observance on a day during which the company remains open.

AzCH and its parent company actively recruited for staff reflective of the communities served. Diversity career expo events were shared with recruiting partners. AzCH's parent company was consistently recognized as a best place to work. Recent recognition included Best Places to work for LGBTQ+ Equality, Best Place to work for Disability Inclusion, Leading Disability Employer, CEO Action for Diversity & Inclusion, DiversityInc top 50 Companies for Diversity, DiversityInc Top Companies for Black Executives, DiversityInc Top Companies for Latino Executives, and Best of the Best for U.S. Veterans. In addition, Centene was recently ranked No. 2 on the FORTUNE 500 Measure Up Initiative, a new benchmark to identify companies building inclusive and fair workplaces. The Measure Up initiative aims to make diversity, equity, and inclusion disclosure and performance a critical metric for successful businesses. Centene's Talent Attraction actively partners with hiring leaders to encourage diverse hiring while also providing guides and resources to support efforts such as selecting a diverse interview panel. In addition, Centene has Certified Diversity Recruiters on staff, talent advisors who have completed diversity training. In CY 2023, Centene will implement a DEI Hiring Champion Pledge for all hiring managers.

Hiring and recruitment practices for internal and external positions (temporary and permanent) including promotions and reclassifications are evaluated annually by Centene to track and measure the inclusiveness of the workforce (e.g., race, ethnicity, and sex). Entities that are subject to the recordkeeping and reporting requirements of the Equal Employment Opportunity Commission (EEOC) and the Office of Federal Contract Compliance Programs currently collect and maintain data and supporting documentation that may assist in evaluating and assessing their policies and practices related to workforce diversity and inclusion, monitoring and evaluating performance on an ongoing basis.

Centene tracks staff status for disabilities, veterans, and individuals who identify as LGBTQIA+ via an annual "I Count" campaign.

The EIGs offered many opportunities for staff to learn, to lead, and to have support such as a series of "Real Talk" sessions with Centene leadership as well as employee-led "Courageous Conversations", focused on racial equity, justice, and allyship. Furthermore, the company maintained an Executive Diversity and Inclusion Council comprised of senior leaders who guided their respective business units in implementing and sustaining successful diversity and inclusion practices across the enterprise. The AzCH Diversity and Inclusion Council collaborated with the Executive Diversity and Inclusion Council on a regular basis.

Centene offers equitable benefits for employees who are LGBTQIA+ and their families.

Objective 1.3 The training programs the Contractor utilizes (e.g., CC 101) to orient and train staff to be culturally competent to all members and their families of all cultures. Staff training shall be customized to fit the needs of staff based on the nature of their contact with providers and/or members.

The annual staff cultural program survey showed that there was an increase in knowledge about the CLAS Standards, ACOM 405, ACA 1557, the annual Cultural Competency Plan, language assistance, and 508 remediation over the prior year's survey. In addition, it reflected that the majority of Plan staff know what health equity is.

Staff took various trainings which included:

- *Culture, Care, & You*
- Cultural Competency in Healthcare
- Unconscious Bias
- Authentic Allyship
- People with Disabilities and Caregivers Allyship
- Inclusive Leadership
- LGBTQ+, Veterans and Military Families Allyship
- The Power of Authenticity

Additional educational opportunities for staff included emails, newsletter articles, and staff meeting presentations. EIG events were shared with staff on a regular basis. The Fun Committee shared information about heritage months and recognition days. Staff participated in the annual Native American Heritage Month activities which included several workshops. The annual Cultural Blitz occurred, which was a week-long event full of diverse educational opportunities that focused on health equity and cultural responsiveness.

Objective 1.4 Information outlining cultural competency training provided to the Contractor's staff during new employee orientation and annually.

New employee orientation and annual training included the Cultural Competency in Healthcare course. In addition, staff were encouraged to take additional trainings offered via Centene University, conferences, and outside organizations. Training opportunities were shared via emails and staff meetings. Discussions occurred to feature a staff newsletter article on cultural needs and health equity on a regular basis during CY 2023.

Goal 2: ENSURE THAT INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY AND/OR OTHER COMMUNICATION NEEDS HAVE EQUITABLE ACCESS TO HEALTH SERVICES

Objective 2.1 A description of how the Contractor makes the member, at the point of contact, aware that translation/interpretation services are available. This includes access to oral interpretation, translation, sign language, disability-related services, and provision of auxiliary aids and alternative formats on request.

The member was made aware of language assistance options in a variety of ways:

- Taglines for language assistance, nondiscrimination notices, and information about alternate formats and auxiliary aids were included in the Member Handbook, on the website, in lobbies, in newsletters, and in member information materials.

Access to language assistance included:

- Utilizing qualified bilingual staff or contracting with language vendors to provide oral interpretation and American Sign Language (via telephone, face-to-face, and video remote interpretation), written translation, and auxiliary aids when requested
- Certifying bilingual staff to communicate with members; 20 staff indicated interest in testing for language assistance in the Spanish language and 9 completed the test. Of those tested, all but one met testing criteria and were considered qualified to offer language assistance.
- Utilizing the Plan's language vendors at no charge by providers and members
- Educating staff about how to access interpretation for members
- Updating and distributing the interpreter access desktop reference guide as needed
- Reviewing policies related to language assistance
- Monitoring interpreter issues and quantity to determine if language access vendors needed to be increased or changed. Three language assistance vendors were added during CY 2023 to expand interpreter options.
- Considering an annual attestation for providers to submit regarding certifying bilingual staff to offer language assistance. It was determined that there is not a platform to upload any attestation successfully, and languages spoken are already reflected upon contracting and during credentialing. During CY 2023, discussions will occur to assess the feasibility of adding the review of certification documentation for bilingual staff to an existing review, audit, or as an ad hoc deliverable.

Objective 2.2 How written materials critical to obtaining services (also known as vital materials) are made available in the prevalent non-English language spoken for each LEP population in the Contractor's service area as specified in 42 CFR 438.10(d)(3). This includes the requirement for provision of all written materials for members to be translated into Spanish whether or not they are considered vital. Refer to ACOM Policy 404 for additional requirements.

Written materials were translated into Spanish.

Members were notified of the availability of translation via taglines for language assistance, nondiscrimination notices, the Member Handbook, on our website, and in newsletter articles.

Languages spoken by members were monitored to determine if any met prevalent language criteria to be automatically translated without a member request. Spanish continues to be the most prevalent language that meets criteria for AzCH membership.

Information about translation policies was shared with staff and providers during meetings and via emails. The Provider Manual and orientations included information about the requirement to post taglines about language assistance in provider lobbies. Providers were educated about the importance of collecting member primary/preferred languages spoken so they will know what languages materials may need to be translated into.

Currently Medicare and Marketplace have the capability to generate standing translation requests, so once a member requests materials in their language or alternative format, the materials will be automatically processed as such moving forward. Discussions occurred to develop a standing translation request process for Medicaid. There are some software challenges to achieve this that are being addressed. This topic will continue in CY 2023.

A new process was discussed to meet urgent translation timeframes, such as for the Notice of Action letters, to determine if new technology using artificial intelligence that is currently used by some Centene health plans would meet our needs. This discussion will continue in CY 2023. Urgent translation requests were processed with an urgent requested timeframe with the translation vendors to meet this need.

Objective 2.3 Information outlining the Contractor’s process to provide member information in easily understood language and format when requested by a member. Consideration includes members with LEP or limited reading skills, those with diverse cultural and ethnic backgrounds, and those with visual or auditory limitations.

Member communications were distributed in the 6th grade reading level.

Materials were translated into other languages or alternative formats such as large print by request.

Discussions occurred to develop outreach materials that include cultural considerations for those with diverse cultural and ethnic backgrounds. Crisis cards were translated into ten languages spoken by refugees and two outreach documents are being updated for translation into the same languages. The materials will be distributed to refugee resettlement organizations, providers working with refugees, and the AzCH Community Affairs team for outreach purposes during CY 2023.

Website materials were remediated per Section 508 of the Rehabilitation Act for accessibility for individuals who are blind or have low vision. In addition, a member request for a 508 remediated version of the Welcome Book was processed.

Nondiscrimination notices included details about accessing materials in alternate formats and taglines. These notices were included in Member Handbooks and other member information materials, on the Plan website, and in AzCH lobbies.

The Plan’s Provider Manuals for each LOB outlined provider expectations related to easy-to-understand print and member materials.

Materials were reviewed for ACA 1557 and cultural competency requirements.

Objective 2.4 Information on available interpretation services and auxiliary aids utilized by members who are deaf and hard of hearing.

The Provider Manual included information on interpretation and auxiliary aids utilized by members who are deaf or hard of hearing. In addition, the Arizona Commission for the Deaf and Hard of Hearing was included in the manual and in presentations for providers.

Nondiscrimination notices included information on interpretation and auxiliary aids and were distributed as required.

Materials were reviewed to ensure that they included TTY:711.

Objective 2.5 To ensure that communications with members and their families about member health care concerns are culturally competent, the Contractor shall submit a summary statement describing the practices that health care providers are required to use when:

- a. Accessing language assistance services,
- b. Explaining member rights and protections (e.g., Health Insurance Portability and Accountability Act [HIPAA]),
- c. Eliciting descriptions of symptoms, health problems, treatment goals and preferences, and
- d. Explaining treatment practices (e.g., medications, examinations) and processes, (e.g., goal setting, assessments, treatment planning, clinical meetings, referrals to other service providers and service interventions) are communicated.

The statement shall also refer to source documents (e.g., policies, procedures, training curricula, clinical protocols, supervisory processes, best practices) that guide these practices.

Statement: Providers are required to adhere to federal and state requirements, which include the ACA 1557, National CLAS Standards, Section 508 of the Rehabilitation Act, the Americans with Disabilities Act, Title VI of the Civil Rights Act, and ACOM 405. These requirements, which include providing/accessing language assistance, notifying members of rights and protections, utilizing taglines and non-discrimination notices, and communicating with members about their symptoms, treatment goals and preferences were addressed in the Plan's Provider Manual, were reviewed during provider meetings, and were shared in provider communications. Providers were able to utilize the Plan's language vendors to access interpreters but were also required to maintain their own contracts to meet needs when our vendors were unable to. Providers were required to include to provide information to members in a language and format they need to understand treatment. Providers were encouraged to utilize the Cultural Competency Coalition (C3) Patient & Communication Guide to learn how to best communicate with members. The Plan has policies that address language assistance, cultural competency, and ACA 1557 requirements that include working with providers to ensure compliance. These policies are reviewed and updated accordingly on an annual basis.

The C3 Committee is comprised of the cultural leads from the AHCCCS contracted health plans. The Committee met monthly to collaborate on initiatives and to plan the annual cultural competency conference. The C3 Provider & Patient Communication Guide was updated and shared with providers and health plan staff. An Interpreter Access Guide was developed that is inclusive of each health plans' processes to ease the burden of providers keeping track of the different protocols for each health plan. A member focused Interpreter Access Guide will be completed during CY 2023 that will be shared with members so they will have one source of reference for each of the health plan processes to access language assistance. C3 also acknowledged the need for providers to have consistent training across the state in a variety of topics addressing health equity. The Committee planned the annual C3 Conference, which occurred August 2022. There were 188 attendees comprised of medical and mental health providers and stakeholders. Topics included Social Determinants Of Health, Fair Housing: Disabilities Practices for Empowerment, Diversity of Providers, Identifying and Addressing Compassion Fatigue and Mindful Self Care, Closed Loop System, Social Value Index.

Presentations occurred and feedback was sought at the AzCH-CCP Member and Family Advocacy Councils in Pima and Yuma Counties about cultural needs and health equity. Provider staff were in attendance and received this information.

Goal 3: ENSURE ON GOING STRATEGIC PLAN DEVELOPMENT, IMPLEMENTATION, EVALUATION AND MONITORING.

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

The annual assessment of the CY 2021 plan, and the CY 2022 plan were submitted in November of 2021. QIC reviewed and approved the assessment and goals.

Objective 3.2 The process for communicating the Contractor's progress in implementing and sustaining the CCP's goals to stakeholders, members, and the general public.

The Cultural Competency Plan has been posted on the AzCH website. It has been shared during provider CEO meetings, Member and Family Advocacy Council meetings, and shared with staff.

Participation in community meetings, coalitions, and conference planning continues to be a great tool in implementing the Plan goals for cultural competency and health equity. Information was shared and relayed as applicable, and our voice was included in workshop development for conferences. In addition to the C3 Committee, committee participation included the Coalition for African American Health and Wellness, Diverse Voices in Prevention, the Juvenile Justice Collaborative, Youth and Peace Conference planning, Let's Get Better Conference planning, Behavioral Health Refugee Integrated Service Providers, AZ State refugee resettlement quarterly meetings, Tribal Health and Wellness Conference

planning, Pima Council on Aging, Health Pima, and the University of Arizona LGBTQIA+ Summit planning. Several AzCH staff led some of these committees.

The Health Equity Specialist presented about and sought feedback on cultural competency program topics during a Member and Family Advocacy Council meeting in Pima County and in Yuma County. Information was shared as applicable. Feedback received included:

- More education is needed for providers and staff regarding individuals who are transgender and cultural competency considerations. Some members felt their care changed once they made their gender identity evident to their providers.
- Members pointed out that the AHCCCS enrollment form only gives M/F assignment for gender, which limits identifying different genders.
- Medical provider demographics on the website did not show populations that a provider is familiar/welcoming to work with. Members would like to see this included when searching for a provider.

The member feedback will be shared as applicable during CY 2023.

Objective 3.3 A description of how care and service are delivered 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.

and

Objective 3.4 A description of how the Contractor evaluates its network, outreach services, and other programs to improve accessibility and quality of care for its membership. It shall also describe the provision and coordination needed for linguistic and disability-related services.

AzCH is committed to providing members with culturally sensitive responsive and inclusive health care. AzCH provides education to providers, stakeholders, and Health Plan staff on the federal and state laws and policies that address nondiscrimination in health care and health equity. In addition, the AzCH Health Equity Specialist monitors complaints and grievances that involve cultural and linguistic needs and follows up with technical assistance and resources as applicable, as well as leads the Health Equity Committee which focuses on identifying and strategizing health inequalities.

Participation in the AzCH Health Equity Committee expanded by 171% during CY 2022. Participants included representatives from various levels and departments. During CY 2023, a subcommittee will begin meeting to include providers and stakeholders that will help strategize the identified health inequities.

The Centene Provider Accessibility Initiative Provider Surveys that assess their accessibility compliance were sent out in early CY 2022 with limited response. Those responses have been loaded into the applicable systems and in the provider directory. The survey will be sent out again during CY 2023.

The data from the annual cultural competency and health equity program survey that was distributed to staff to identify areas of opportunity for education on the CLAS Standards, health equity, and federal regulations was analyzed. Results showed an increase in knowledge about the federal and state requirements over the prior year's survey. However, there was still opportunity for further education in these areas and education was provided throughout the year via the annual Cultural Blitz, emails, and discussions during staff meetings.

The Promotoras model of care pilot, which involves Community Health Workers providing outreach, advocacy, and education to members who identify as Latino to assist them in accessing care, exists in Maricopa and Yuma Counties. Promotoras outreach data through Q3 reflects:

Promotoras Breakout for CY 2022 by Quarter				
Name	Q1	Q2	Q3	Q4
Total Number of Members Outreached	828	1185	1460	
Total Number of Members Who Completed a Well Visit	338	296	157	

*Medicaid gap closure-Claim-based

If a need arises for a provider that may meet the cultural considerations of members, suggestions will occur to the Provider Contracting Committee as applicable. During CY 2022, one suggestion was made for a provider developing an integrated care clinic for LGBTQIA+ individuals. The provider was given the information to apply for contracting when their site was completed and licensed.

Centers of Excellence planning occurred for tribal and LGBTQIA+ populations. A focus group was held with providers to seek their input in developing criteria for the COE for LGBTQIA+ individuals. Applications were drafted for each COE and are still being finalized. A member focus group has been scheduled in Q2 of CY 2023 to seek their input for the planning of the LGBTQIA+ COE.

Refugee services and supports were a focus. In addition to the translation of outreach materials, AzCH offered a training *“Providing Culturally Responsive Care and Trauma-Informed Medical and Mental Health Care to Refugees & Immigrants”*. There were 46 attendees. Planning for a Project ECHO training on supporting refugees is underway for CY 2023.

AzCH-CCP recognizes the need to seek provider input on cultural programming. In lieu of a survey, planning for a provider focus group began and has been scheduled for Q2 of CY 2023 to discuss health equity, language assistance, what is working well to help members include culture in care, what barriers may exist, and possible solutions. Discussions about the importance of collecting member and provider cultural demographic data will occur. In addition, feedback on these topics was sought at a CEO meeting during a presentation with a request that information be emailed to the Health Equity Specialist; no feedback was given. Feedback by email will also be an option when advertising for the focus groups.

Discussions occurred to develop outreach material for members who identify as LGBTQIA+. Some collateral will be updated with pictures and wording to highlight supports and services.

The CLAS Standards Assessment Tool, which is used to determine CLAS Standards implementation, was shared with providers and staff. Additionally, CLAS Blueprints were distributed and discussed.

Discussions happened with the C3 Committee to explore advocating for cultural demographics to be brought back to the Demographic User Guide (DUG). The limitation with this is that the DUG is not used by medical providers. A universal tool would be optimum across health plans that collects this information. This would benefit members by incorporating their culture in care for optimal outcomes, as well as meet NCQA Accreditation requirements. Further discussions will occur about possibilities.

A provider cultural demographic survey was issued to attempt to supplement provider cultural data but only 110 responses were received and around 75% of the answers for each question asked were blank or “no”. In addition, other answers included the survey being too invasive and missing identifiers, so the information was not shared with member facing teams. Collection of provider cultural demographics needs to be revisited, especially to meet NCQA requirements.

Culturally related training opportunities addressing health equity that were available in the community were shared with providers and health plan staff.

The behavioral health tracking grid was reviewed regularly to track availability of services to diverse populations.

Concerns about language assistance were addressed as applicable. Some providers did not understand the AzCH process and policy for requesting interpretation, nor federal requirements, so technical assistance and reference to Provider Manual Section 9.2 Cultural Competency was given. Collaboration occurred with the Centene Vendor Team to enhance language assistance options and three vendors were added.

Developing a separate on-site review related to cultural and linguistic program requirements may put undue burden on providers when questions could be added to existing tools. Discussions began to assess feasibility of adding a review of provider bilingual certifications for their staff when the Fidelity Reviews resume. This would supplement the current questions asked about posting of nondiscrimination notices and taglines for language assistance in member facing lobbies, the capture of primary language, and documenting translation of documents. Fidelity Reviews have been on suspension due to COVI-19 so there is no data to report currently.

AzCH-CCP conducted Behavioral Health Clinical Chart Audits (BHCCA) and data reports were reviewed for trends related to cultural needs. Overall results showed:

Reference	Compliance Indicator	Score
A-23	There is evidence that the member's needs have been assessed for assistance with communication capabilities (special accommodations for hearing, vision, cognitive, language interpretation, etc.)	67.03%
CC-1	There is evidence in the clinical chart that demonstrates the provision of culturally informed services that recognize the member or child and family or health care decision maker, if applicable, as an expert of their own culture.	95.62%
CC-2	There is evidence in the clinical chart that service providers assessed the need for qualified interpretation services to communicate (oral) in the preferred language of the member or child and family or health care decision maker, if applicable, and provided the service if indicated as a need (e.g., bilingual staff, staff interpreters, contract interpreters, telephone interpreter lines, etc.).	98.63%
CC-3	There is evidence in the clinical chart that service providers assessed the need for qualified translation services to communicate (written) in the preferred language of the member or child and family or health care decision maker, if applicable, and provided the service if indicated as a need (e.g., bilingual staff, staff translators, contract translators, etc.).	98.36%

Highlights from the audits:

- Benchmark of 85%
- Culture was generally a part of every chart and services were provided in a culturally relevant manner.
- CC-1 This varied from provider to provider on how, or if, they were assessed for anything beyond preferred language. Sometimes there was a section on it, sometimes it was included in culture, developmental, or just initial intake screening paperwork, rather than in the assessment.
- CC-2 Overall, it appeared that most charts provided verbal communication in the preferred language of the member, which were generally English and Spanish in this sample. In the charts that had Spanish identified as the preferred language, it appeared that oral translation services were typically provided to members.
- CC-3 Overall, it appeared that most charts provided written communication and written translation services in the preferred language of the member, which were generally English and Spanish in this sample. In the charts that

had Spanish identified as the preferred language, it appeared that written translation services were typically provided to members.

- Interpretation and translation assessments included English as a language preference so data for these categories may appear higher than reality for members who are limited English proficient.
- Recommendations for use of a Strengths, Need, Cultural Discovery format with all children and adults to help capture some of the cultural elements unique to each member.
- Providers were encouraged to put a higher emphasis on fleshing out the member/family culture during the ongoing assessment process.

The audit findings indicate a need for education and technical assistance in these areas during CY 2023.

Capital Grants included grants for:

- Accessibility for individuals with disabilities
- Food insecurity for seniors
- Housing for veterans without homes
- Equipment for a youth shelter

Please reference the Network Development Plan Item 47 for more details about supports and services for members designated as CRS, justice-involved, without a home, youth, and those living in border communities.

Objective 3.5 A description of the Contractor’s method for evaluating the cultural diversity of its membership to assess needs and priorities to provide culturally competent care to its membership (languages spoken and ethnicity of membership).

AzCH utilized a variety of methods to evaluate the cultural diversity of its membership to assess needs and priorities to provide culturally responsive care. This included reviewing member and provider reported cultural demographics, utilizing the census to supplement data, analyzing data from the Health Equity Dashboard, and monitoring language assistance utilization. Additional data sources were reviewed for cultural demographics including Health Risk Assessments (HRA) and claims data pertaining to diagnosis for members who are deaf or hard of hearing or who have services related to their gender identity and data from the Pew Research Center which focuses on Arizona’s Religious Affiliations. However, these sources rely on self-reported data, and on whether claims were submitted or HRAs were completed, which continues to be less than optimal because not all members may have these interactions.

During late CY 2021, Centene developed and implemented a Health Equity Dashboard, which allows for stratification of HEDIS measures by member race, ethnicity, and zip code. The dashboard included member self-reported and indirect race and ethnicity data from ETech software which predicts race and ethnicity with 99% accuracy. In addition, the ETech software can be used outside of the dashboard, which will fill some of the gaps for member self-reported race and ethnicity data in future data needs not just related to HEDIS measures. Disparities were identified for Child and Adolescent Well-Care Visits, Comprehensive Diabetes Care, Controlling High Blood Pressure, Prenatal and Postpartum Care, and Colorectal Cancer Screening, and sorted by race/ethnicity and County. These measures will be addressed in the Health Equity Committee during CY 2023. Please see the Health Disparity Summary Report for further details about strategies and interventions. Due to gaps with the pilot dashboard, an updated version is being developed to support our efforts in analyzing health disparities.

Member Reported Race and Ethnicity reflects:

Race and Ethnicity	ACC	RBHA
White/Caucasian	46.52%	37.93%
Unknown	41.98%	49.83%

Black/African American	8.55%	3.64%
American Indian or Alaskan Native	2.20%	1.88%
Hispanic	0.64%	6.31%
Asian or Pacific Islander	0.08%	0.27%
Other	0.02%	0.13%

This data shows that there is a very high percentage of self-reported “unknown” race and ethnicity data.

To supplement data, the U.S. Census data, Population Estimates from July 1, 2021, was reviewed. It showed:

Race & Ethnicity	Maricopa	Santa Cruz	Pima	Pinal	Gila	Graham	Greenlee	Cochise	La Paz	Yuma	AZ Totals
White (not Hispanic)	82.0%	95.3%	84.3%	82.0%	77.8%	81.9%	89.7%	87.3%	75.4%	90.9%	82.0%
Black or African American	6.7%	1.1%	4.4%	5.8%	0.8%	1.9%	1.9%	4.6%	1.3%	2.7%	5.4%
American Indian or Alaska Native	2.9%	1.5%	4.5%	6.5%	18.3%	13.1%	4.6%	1.9%	18.4%	2.5%	5.3%
Asian	4.8%	0.9%	3.3%	2.0%	0.9%	0.78%	.9%	2.2%	1.2%	1.5%	3.8%
Native Hawaiian and Other Pacific Islander	0.3%	0.1%	0.2%	0.4%	0.2%	0.2%	0.1%	0.4%	0.3%	0.3%	0.3%
Two or More Races	3.3%	1.0%	3.3%	3.3%	1.9%	2.0%	2.7%	3.5%	3.5%	2.2%	3.1%
Hispanic or Latino	32.0%	82.7%	38.5%	31.4%	19.2%	33.8%	49.0%	35.9%	28.6%	65.6%	32.3%

The Pew Research Center which has data on Arizona’s Religious Affiliations reflects the following religious composition of adults in Arizona:

Arizona Religious Affiliation	Percentage
Christian	67%
• Evangelical Protestant	26%
• Mainline Protestant	12%
• Historically Black Protestant	1%
• Catholic	21%
• Mormon	5%
• Jehovah’s Witness	1%
• Other Christian	<1%
Non-Christian Faiths	6%
• Jewish	2%
• Muslim	1%
• Buddhist	1%
• Hindu	1%
• Other Faiths	2%

Unaffiliated	27%
• Atheist	3%
• Agnostic	4%
• Nothing in particular	19%
Don't know	<1%

A member cultural survey was noted in the 2022 Network Development and Management Plan, exploring options to collect the data needed to identify members who are LGBTQIA+. There is not an effective way to collect this information at this time however, it was discovered that the upcoming NCQA requirements include collecting the following data categories; gender identity, sexual orientation, pronouns, and sex assigned at birth. Centene is enhancing their member records software to include the collection of these cultural demographics.

Provider cultural demographic data is helpful in determining network adequacy and supports. Although race and ethnicity categories were added to the credentialing application in 2021, the data collected is still limited. However, the data we have shows the majority of providers who submitted their information identified as White, followed by Asian or Pacific Islander, Black/African American, and American Indian or Alaskan Native, and Hispanic or Latino. The small data count could be due to credentialing applications used for enrollment and utilized every 3 years after for existing providers, which means they haven't all had a chance to update their information.

A provider cultural demographic survey was issued to attempt to supplement provider cultural data but only 110 responses were received and around 75% of the answers for each question asked were blank or "no". The data collected reflected providers identified as:

- White followed by Hispanic or Latino, Multi-Racial, Asian or Pacific Islander, and Black/African American
- Veterans and Military Family Members
- Having a religion of Catholic, Christian, or Eastern Orthodox Christian
- Men, Women, and Man/Woman combined
- Gay, Lesbian, Bisexual, Heterosexual

Although provider cultural demographic data was limited, the data collected reflected diversity of providers. In addition, a behavioral health therapist network survey showed supports across diverse providers for different ages, members who are Spanish speaking, members with developmental delays, individuals who identify as LGBTQIA+, members who are deaf or hard of hearing, members who are refugees, members who are blind or have low vision, and veterans.

Member language data was voluntarily self-reported. Data for CY 2022 shows:

Primary Language - ACC		Primary Language - RBHA	
English	81.58%	English	66.15%
Spanish	17.54%	Spanish	3.67%
Undetermined	0.30%	Undetermined	30.03%

The majority of AzCH-CCP members utilize English as their primary language, followed by Spanish. Other languages shown in the data include (in order of the most reported to least reported): Vietnamese, Arabic, Chinese, Korean, Somali, Persian, Russian, French, Tagalog, Hindi, American Sign Language, and Loao. The amount of undetermined data has decreased for ACC over CY 2021 data, but it has increased for the ACC-RBHA. AzCH-CCP educates providers about the importance of

collecting the language of members. In addition, member education about the importance of sharing their language and cultural needs is ongoing.

Utilization of our language assistance vendors shows that the top languages accessed for interpretation included: Spanish, American Sign Language (ASL), Arabic, Burmese, Russian, Vietnamese, Farsi, Chuukese, Mandarin, Swahili, Pashto, Karen, Somali, Portuguese, Bosnian, Afghani, French, and Cantonese.

Provider languages spoken reflect the majority of providers speak English (91.98%), followed by Spanish (4.36%). Additional spoken languages reported in order of most to least include Hindi, French, Arabic, German, Punjabi, Urdu, Chinese, Gujarati, Mandarin, Tagalog, and Vietnamese. The data reflects that 16% of provider languages are undetermined. When comparing member languages spoken to provider languages spoken in each county, the following was noted:

- Cochise County shows members speaking Arabic, Hungarian, Korean, Persian, Portuguese, Tagalog, and Vietnamese with no providers speaking to them.
- Greenlee County shows members speaking Spanish with no providers speaking it.
- Pima County shows a need for providers to utilize ASL, and speak Loao, Serbian, Somali.
- Pinal County shows members speaking Armenian, Korean, Polish, Vietnamese, and Somali with no providers who speak those languages.
- Santa Cruz County reflects the following languages without a match to providers who speak them; Chinese, Italian, and Korean.
- Maricopa County shows a need for providers who speak Armenian, Hungarian, Loao, Navajo, and Somali.
- Yuma County shows a need for providers who utilize American Sign Language and speak Chinese, Somali, and Tagalog.

Providers have access to AzCH language vendors to meet the needs of our members, so if they do not directly speak the language of a member, they are able to access an interpreter via telephone, face to face, or video. As a result of this option, as well as the reported provider languages spoken, the network is adequate in this area. However, based on provider inquiries and the complaints received, some providers still seem unclear about their responsibilities regarding language assistance. Provider education has occurred in a variety of ways; via meetings, provider orientations, CEO messaging, communications, one on one technical assistance, and the Provider Manual. AzCH will seek provider input about language assistance services, responsibilities, and education about it during the Q1 CY 2023 provider focus group. AzCH will continue to educate providers on this topic.

Claims data and the Demographic User Guide (DUG) were reviewed for cultural demographic data and they showed that 1.34% of our ACC members are deaf or hard of hearing, and .28% are veterans. In addition, 1.16% of our ACC-RBHA members are deaf or hard of hearing, and 2.64% are veterans.

Health Risk Assessment (HRA) data reflects a number of “Unknown” race or ethnicity. A meeting was set up during Q1 CY 2023 to discuss opportunities to increase self-identification of these elements when members are completing the HRA.

Tracking/trending of T1013 utilization shows consistency year over year in claims reflecting T1013. Provider education about the importance of tracking T1013 and language assistance occurred.

Objective 3.6 A description of how the Contractor conducts regular assessments of community health assets and how the results are used to plan, implement, and assist providers in providing services that respond to the cultural and linguistic diversity of populations in their service area(s).

County health needs assessments were shared with staff and providers. The Pima County Health Department reinvigorated their Healthy Pima initiative, which centers on their most recent needs assessment. Priority areas included access to care, behavioral and mental health, substance use disorder, and social determinants of health. AzCH will participate in associated workgroups for the initiative during CY 2023.

The Diverse Voices in Prevention conducted its annual Cultural Roundtable which included community dialogues about healing-centered prevention practices in healthcare. The dialogues were a way to seek input about healing-centered prevention resources that were helpful as well as any barriers in using them. The summary report from the dialogues was a good resource for assessing and evaluating these services.

Utilizing the Member and Family Advocacy Councils was key in seeking feedback that could be used to plan culturally responsive services. As referenced in Objective 3.2, input was received that will be helpful in future discussions. Collaborations with the Office of Individual and Family Affairs to seek member voice regarding cultural needs will continue in CY 2023.

Participation in community meetings builds and strengthens relationships that are key in meeting the needs of members. AzCH was active in a variety of community meetings and coalitions as noted in Objective 3.2. Resources and needs were shared during these meetings. The Coalition for African American Health and Wellness (CAAHW) completed a needs assessment, and the summary was shared with health plan staff and providers to highlight potential areas to enhance culturally and linguistically responsive services. One item addressed was the want for the ability to identify providers who are African American so they may access care with someone they feel more comfortable with. The credentialing application now includes race and ethnicity of providers which is listed in the Provider Directory. A task in the CY 2022 plan reflected collaboration with the CAAHW to develop and/or distribute communication tool kits to providers that create awareness about potential cultural needs of diverse populations. The Coalition did not complete this task due to a lack of resources.

Behavioral health ECHO member satisfaction surveys were developed. The category of intersex was added as well as several options for gender identity, which will allow for analyzing by these categories and could provide some context when reviewing results.

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

AzCH-CCP had ten complaints filed with the grievance and appeals team through Q4 of this fiscal year, which is a decrease of one (1) compared to CY 2021. The complaints were related to interpretation, discrimination, religion, and alternative formats. Each complaint was resolved with providing education to the member, provider, or health plan staff. This data identified areas of opportunity for member, provider, and health plan staff education in CY 2023 related to language assistance requirements and nondiscrimination in healthcare. AzCH-CCP will continue to monitor complaints specifically related to cultural and linguistic needs.

The CY 2021 plan mentioned further actions to enhance grievance and appeals reporting to include race/ethnicity during CY 2022. It was discovered that any enhancements to the grievance tracking system need to occur at the corporate level. Discussions began to explore if this would be a possibility and will continue into Q1 CY 2023.

Discussions are still occurring regarding the capability to track cultural data in QOCs.

Goal 4: ENSURE PROVIDERS, OTHER SUBCONTRACTORS, AND STAKEHOLDERS HAVE THE TOOLS THEY NEED TO PROVIDE A CULTURALLY AND LINGUISTICALLY APPROPRIATE SYSTEM OF CARE

Objective 4.1 A description of educational methods the Contractor will use for providers and other subcontractors with direct member contact.

Education about federal laws and policies, health equity, intersectionality and health inequities, cultural needs, supporting marginalized individuals, language assistance, including culture in care, the National CLAS Standards, NCOA requirements, the AZ Commission for the Deaf and Hard of Hearing, the importance of collecting cultural demographics, cultural conferences, implicit bias, community needs assessments, the importance of provider and patient communication, cultural planning, cultural humility, and heritage months occurred for providers and stakeholders via the Provider Manual, provider meetings and direct trainings. 1,561 individuals benefited from the various educational opportunities.

External conferences and webinars were shared.

Cultural conferences and events that were sponsored include:

- Diverse Voices in Prevention Cultural Roundtable
- Diverse Voices in Prevention Cultural Conference
- University of Arizona LGBTQIA+ Summit
- Let's Get Better Together Conference
- C3 Cultural Conference
- Arizona's Health Literacy Conference
- Latino Pride
- Youth and Peace Conference
- Tribal Wellness Conference

Conference presentations:

- AzCH staff as a panelist for the AZ Healthcare Diversity Summit – topic was “What Does It Mean for an Organization to Have a Commitment to Providing Culturally Competent Care?”
- AzCH-CCP staff as a panelist for the Contexture HIE Summit, topic was “Advancing Health Equity Through Population Health Practices & Data Analytics”

Discussions occurred about the possibility for attestations for providers that demonstrates they have cultural competency training. There is not the capability to have this attestation currently, but providers submit an attestation that they have annual cultural training upon credentialing. In addition, courses that are tracked for participation are offered on the AzCH website.

Objective 4.2 The Contractor's education and training program addresses the importance of making providers and other subcontractors aware of the importance of providing services in a culturally competent manner.

Provider orientations and the Provider Manual were reviewed and updated to ensure accurate information about providing services in a culturally responsive manner.

Trainings were offered to providers to assist them in meeting new hire and annual cultural competency training requirements such as Culture, Care, & You and Cultural Competency in Healthcare.

Communications about cultural requirements occurred in provider meetings.

The Delegated Vendor Oversight Attestation Form was reviewed to ensure it is inclusive of cultural competency and ACA 1557 requirements.

Objective 4.3 A description of additional/ongoing training and assistance provided to providers and subcontractors on providing culturally competent services to members.

The AzCH-CCP provider cultural training survey was issued Q1 CY 2022. Results were analyzed for opportunities to educate providers throughout the year. Fifty-nine providers completed the survey. The topics with the most interest in training included supporting members who are deaf or hard of hearing, including culture in care, members experiencing homelessness, who are justice-involved, unconscious bias, how religion influences health care decisions, members who identify as American Indian/Indigenous, members who have developmental disabilities, members who are transgender/nonbinary, and language assistance. Training opportunities addressing these topics were shared with providers via meetings and provider communications. In addition, the following trainings were offered to providers and stakeholders:

- Providing Culturally Responsive Care and Trauma-Informed Medical and Mental Health Care to Refugees & Immigrants
- What Does It Mean For An Organization To Have A Commitment To Providing Culturally Competent Care?
- How To Celebrate/Acknowledge Holidays Inclusively
- Including Culture in Care and the Importance of Collecting Provider Cultural Demographics
- The Power of Pronouns
- Supporting Older Adults Who are LGBTQIA+
- Using Data to Drive Health Equity
- Project ECHO - Division of Developmental Disabilities Eligibility and Overview
- Project ECHO - SDOH from a Clinical Perspective
- Question, Persuade, Refer – suicide prevention

Relias shows that providers also took the following trainings:

- Cultural Competency in Health Care
- Culturally and Linguistically Appropriate Services (CLAS) Standards
- Understanding and Addressing Racial Trauma in Behavioral Health
- Culture, Care, and You

AzCH identified a need to have a state-wide consistent training on supports and services for members who are LGBTQIA+. The AzCH-CCP Health Equity Specialist led a workgroup comprised of C3, Workforce Development, and community stakeholders to update the previously developed CC200 LGBTQIA+ Data and Clinical Supports Training that was used when the DUG was active. Participation in the committee waned, and the process is taking longer than expected, but the curricula update is still in process. The goal completion date has been changed to Q2 CY 2023.

Discussions occurred about offering Mental Health First Aid modules on Veterans, Youth, Older Adults, Teens, and in Spanish. AzCH has instructors for the modules on Veterans, Adult, Child, Fire/EMS, Public Safety, Older Adult and Teen. A module in Spanish has been explored but funding is needed to move forward.

Goal 5: HEALTH EQUITY INITIATIVES

Objective 5.1 A description of the method(s) used for evaluating health equity and addressing health disparities within the Contractor's Geographic Service Area (GSA).

Disparities were identified using the Health Equity Dashboard as well as a data analytics report. Trends across measures for Child and Adolescent Well-Care Visits, Comprehensive Diabetes Care, Controlling High Blood Pressure, Prenatal and Postpartum Care, and Colorectal Cancer Screening show that members who are Black, and members who are Hispanic, have consistent disparity rates across the measures and counties. [Zip code data from the Dashboard showed smaller numbers of members, which corrupted the disparity rates because of the small numerators. To have more accurate numbers, and more of a community impact, the Dashboard data was analyzed by county.] These measures will be addressed in the Health Equity Committee during CY 2023.

AzCH acknowledges existing disparities for individuals who identify as American Indian and Alaska Native, however, the Dashboard data for those individuals presented a challenge in accuracy due to a lack of data from the tribal health centers. This is being worked on with the goal of address these disparities once accurate information is received.

AzCH collaborated with Centene's Accreditation and Population Health Equity Team for data needs and received guidance for strategies and interventions.

AzCH-CCP utilized a variety of strategies and interventions to achieve identified health equity goals. Health equity goals included:

- Increase Interdepartmental And Stakeholder Collaboration To Address Health Equity Issues - Participation in the AzCH Health Equity Committee expanded by 171% during CY 2022. The county disparity data will be reviewed during Q1 CY 2023 to identify community partners and providers. A subcommittee to include these stakeholders was established with the goal of its first meeting to occur during Q2 CY 2023.
- Identify A Minimum Of Five Health Disparities For ACC & RBHA (Combined) – 8 HEDIS measures were identified to analyze for disparities and several disparities exist for different groups.
- Reduce The Identified Five Disparities By 2% - Since disparity data was recently finalized, this is still in process.
- Increase Staff And Provider Knowledge, Skill Set, And Self-Awareness Regarding Health Disparities – Training has occurred for staff and providers about health inequities and how to address them.

Please reference the CY 2023 AzCH-CCP RBHA and ACC QMPI Health Disparity Summary deliverable report for further details about the health equity goals.

Goal 6: PROVIDE FAMILY-CENTERED AND CULTURALLY COMPETENT CARE IN ALL ASPECTS OF THE SERVICE DELIVERY SYSTEM FOR MEMBERS WITH SPECIAL HEALTH CARE NEEDS, INCLUDING THOSE WITH A CRS DESIGNATION.

AzCH-CCP recognizes that some of our members may have special needs. Our approach is to assist members who possess chronic conditions including behavioral health concerns, neurological disorders, developmental disorders, blood diseases and muscular skeletal disorders, with needs identification and coordination of care. All children identified as having a Children's Rehabilitative Services (CRS) qualifying condition are engaged through the AzCH-CCP Care Management department and offered Care Management services. Policy AZ.MEDM.146, "Integrated Care Management of Children with Special Needs", identifies the process and key elements to providing family centered support through the Child and Family Team (CFT) process; "Once enrolled into Care Management, the Children's Integrated Care Manager in collaboration with the CFT, will determine the member's needs, discover cultural practices of the family to implement through services and identify short- and long-term goals." The policy describes the role of the Integrated Care Manager's role in collaborating and coordinating care for the child through the CFT process. In addition, the policy describes periods for developing and implementing a comprehensive service plan and the development of a comprehensive care plan, in full collaboration with the individual, their family, and all other providers involved with their care.

Upon identification of a member as having a qualifying CRS diagnosis, an Integrated Care Manager will outreach the family to assist with scheduling an initial appointment with the closest Multi-Specialty Integrated Clinic (MSIC) and/or assisting

the family with identifying additional systems of support. Collaboration between team members is supported through the Child and Family Team Process. AzCH-CCP CFT Coaches assist with collaboration and communication in a supportive manner in accordance with the Arizona Vision. The Integrated Care Manager and the CFT Coach promote communication and collaboration through the CFT process in accordance with the Arizona Vision and 12 principles of CFT practice. The CFT process recognizes spiritual and cultural preferences and incorporates the member's individuality through the development of the individual service plan. Each service plan is tailored to meet the needs of the child and family, which includes all identified cultural, racial, ethnic, geographic, social, and spiritual preferences.

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

All Care Management staff are required to complete Cultural Competency Training as an on-boarding requirement. *"Cultural Competency in Health Education and Healthcare Promotion"* is the title of the course offered through the AzCH on-line learning system. This module is designed to cultivate thought processes in participants that allow them to become more understanding of cultural factors. Participants will be taught to value the member's cultural framework as a necessary and acceptable component of their health and welfare. Interpreters are utilized as needed for care coordination. As part of the initial evaluation/interview, a Health Risk Assessment and Strengths, Need, Cultural Discovery (SNCD) is completed to capture individualized cultural, social, and health needs. AzCH-CCP works with the member if they identify needs and coordinate with the CRS clinics. AzCH-CCP is in constant collaboration with the CRS MSICs to assist in coordination of care. AzCH-CCP provides member support throughout their care in any of their services.

AzCH-CCP is contracted with several Peer and Family Run organizations who can provide authentic peer and family support services to individuals. Peer Support Specialists and Family Support Partners (FSPs) are credentialed providers, recognized by the state of Arizona. The training includes cultural competency and cultural discovery of individuals and families to competently support the family's voice, choice, and cultural practices through all aspects of their care. Family Support Partners receive training on the Arizona Vision and are equipped to ensure its implementation through their services. Enrolled members are offered Peer and Family Support Services and are provided information on advocacy services. FSPs who are credentialed through AzCH-CCP are also trained in Integrated Care and CRS Designation.

AzCH-CCP's Individual and Family Affairs (OIFA) Department employs a designated Family Support Advisor, who is a credentialed FSP, a CRS Member Advocate, and a Child Behavioral Health Advocate. OIFA Advisors and Advocates are available to members with special healthcare needs, and any members requesting support/advocacy. The AzCH--CCP OIFA team reports the following activities:

Objective 6.1 A description of how the Contractor ensures that the family is recognized as the primary source of support for the member's health care decision-making process. Information regarding the availability of service systems and personnel to support the family's role as decision makers.

Actions:

- AzCH-CCP Member and Family Advocacy Council members received ongoing information regarding Family Support and FSP certification. Council provided access to OIFA Advocates for members and families experiencing barriers to including Family Support on their treatment plan.

- OIFA Family Support Advisor was available to all AZCH-CCP members and families to provide FSP services and/or educate on its benefits
- The FSP Advisor connected families needing ongoing FSP services to Family Support providers within the AZCH-CCP system.
- Assisted in recruiting members/family members to attend AHCCCS forums and policy meetings
- Provided education regarding the availability of FSP services for family members to support their navigation and involvement in their health care
- OIFA notified all CRS families of the availability of their health plan CRS Member Advocate to support their needs and provide Family Support and advocacy as needed
- Outreach to providers and community members has been conducted by the AZCH-CCP CRS Member Advocate to make introductions and to promote the availability of the Advocate to members
- Attended the *Peer and Family Coalition*; focuses on social justice for members and families and provides educational opportunities for self-advocacy and inclusion on decision-making and policy
- AZCH-CCP Care Management department was available to provide support to children and families enrolled with AZCH-CCP
- AZCH-CCP Care Management department encouraged families to connect with their natural supports as the primary source of support
- FSP Advisor provided State Credentialing *Family Support Training* to qualifying provider staff and caregivers to increase the workforce of FSPs in the field
- CRS Member Advocate facilitated a statewide CRS Community Collaboration Meeting to provide community and family support to members and providers of the CRS population

Objective 6.2 How cultural competency collaboration is facilitated among members, families, health care providers, and policy makers at all levels that include: a) care of the member, b) development, implementation, evaluation of programs, c) policy development, d) A description of how the CCP promotes complete exchanges of unbiased information between members, families, and health care professionals in a supportive manner at all times, and e) A description of how cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality are recognized within and across all families.

Actions for a) care of the member, b) development, implementation, evaluation of programs, c) policy development:

- AzCH-CCP Member and Family Advocacy Councils included collaboration with internal AzCH-CCP staff/departments, service providers, Independent Oversight Committees (IOCs), and AHCCCS representatives
- Included Executive Management Team (EMT) representation during Member and Family Advocacy Council meetings. Members and families provided direct feedback to AzCH-CCP EMT to be used to inform and improve AzCH-CCP services.
- Participated in collaboration meetings with CRS Advocates employed by fellow health plans to: learn how each plan operates, how each advocate operates within their respective plan; and to identify barriers families may be experiencing
- Reviewed and updated as needed the CRS training module within the Family Support Certification Training to help ensure FSPs are receiving updated information to better provide support to members and families
- Converted the training module to an online format to ensure continual system education during the COVID-19 pandemic and provide training opportunity to rural/remote areas
- Attended statewide Advocacy meetings hosted by The Arizona Council of Human Service Providers to better provide family advocacy and utilize family perspective in policies discussed
- Collaborated on initiatives from the Arizona *Peer and Family Coalition* as applicable; to include the advocacy committee, and the Diversity and Inclusion Committee
- Provided ongoing technical assistance to State Credentialed FSPs to reinforce family engagement

- Individual-case-by-case advocacy and support provided to members and families upon request
- Bi-weekly TA and Collaboration meetings to provide immediate support to those affected by the Public Health Emergency (PHE) crisis
- Quarterly trainings, multi-systemic collaboration and support relevant to family life, health, learning and needs
- AZCH-CCP Care Management CFT coach coordinated Child and Family Team meetings with family and community providers involved in the care of the member
- AZCH-CCP Care Management department met with MSICs on a continuous basis to collaborate on the health and well-being of the CRS population.
- AzCH-CCP OIFA attended and co-facilitated the monthly Community Conversations where members and families can bring concerns, obtain new resources, review policies, and provide direct feedback to inform policy and procedure revisions.
- AzCH-CCP OIFA attended and co-facilitated AHCCCS hosted work groups regarding: Youth and Family Involvement, Family Support and Peer Support. Workgroup assisted in developing AHCCCS “One-Pagers” that contain important, condensed information relevant to members and families.

Actions for d - A description of how the CCP promotes complete exchanges of unbiased information between members, families, and health care professionals in a supportive manner at all times:

- AZCH-CCP OIFA CRS Member Advocate facilitated an open CRS Community Collaboration meeting intended for providers, organizations, families, and all entities working with the CRS population
- CRS Member Advocate attended the Medical Management monthly rounds/staffings to brainstorm, collaborate, and problem solve challenges for high needs members and provides resources and feedback from a family perspective
- AzCH-CCP OIFA engaged in Member walk-ins/encounters which includes problem solving, crisis de-escalation, and collaboration with the member’s treatment team
- The Care Management department scheduled monthly CRS rounds throughout the contract year with the Medical Director, CRS Care Management Department, Pharmacy Department, Medical Director, and the Behavioral Health Medical Director.

Actions for e - A description of how cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality are recognized within and across all families:

- Collaborated with the AzCH-CCP Health Equity Specialist to provide Cultural Competency education to FSP providers who work one on one with the families; explored the addition of content supporting LGBTQIA+ individuals and Health Equity components to the FSP training
- Provided technical assistance to FSPs as it relates to online homeschooling, education, and COVID-19. Includes how to reinforce, emphasize, and utilize individual family culture during times of crisis, how to communicate family needs, cultural practice preferences, needs for the education system, and IEP/504 teams.
- Care Managers completed a comprehensive Health Risk Assessment for new members that includes cultural, racial, social, and spiritual questions
- AzCH-CCP OIFA Team supported and assisted in planning of health equity focus groups. LGBTQIA+ Supports/Services Focus groups are scheduled for January 2023.
- AzCH-CCP Personal Recovery Navigator (PRN) Program assigned a PRN to newly determined SMI members to assist with system navigation, educate on rights and connect members to a Family Run Organization for Family Support services
- AzCH-CCP required *Strength, Needs, Cultural Discoveries* (SNCDs) completion for every enrolled member and to be updated as often as needed but no less than annually. The SNCD shall be utilized by all team members throughout the family’s care.

- AzCH-CCP FSP Advisor completed cultural trainings with all AzCH-CCP Credentialed Family Support partners that include: complete understanding of the SNCDs purpose, function and competent reviews on cultural interviewing completed with a cultural presentation and assessment
- Care Managers completed a *Complex Care Management Assessment (CCMA)* for new members in case management that includes cultural, racial, social, and spiritual questions

Objective 6.3 A description of practices and policies that were implemented to support the medical, developmental, educational, emotional, cultural, environmental, and financial needs of members and their families.

Actions:

- OIFA Trainings/Overviews included: *Trauma Informed Care (TIC)*, *Special Assistance*, *Member Advocacy*, *IOCs*, *Peer-Support and Family Support Partner Certification*
- OIFA hosted AzCH-CCP Peer and Family Support Collaboration Virtual Meetings; Staff received information on COVID financial/supportive resources and training/educational resources
- Member and Family Advocacy Councils included presentations from AzCH-CCP internal departments, community partners and providers to support the ongoing education of members and families
- AzCH-CCP CRS Member Advocate collaborated with regional MSICs and was available to assist with individual/specific member needs
- OIFA and Care Coordinators included outreach, advocacy, and care management services into practice
- Collaborated and facilitated presentations from the MSICs to providers, community members and families about what CRS MSICs do, services provided, and integrated care methods
- Facilitated state credentialed Family Support trainings which provide education to parents, as well as increase the availability of FSP services for families
- Family Support Certification Training updated to include Family Support as it relates to Autism, ADHD, and the Functional Behavior Assessment (FBA), so that FSPs may gain the competencies of providing FSP services to this population
- OIFA reviewed and updated as needed the Integrated Care training module to align with the state's focus on Integrated Care and for FSPs to gain competency skills in providing FSP services for families
- Performed annual review and applicable updates to policies that were implemented to support members and their families including the ones referenced on page 3 of the AzCH Language Access Plan
- Provided outreach, education, and direct presentations to providers, communities, and families about FSP services and recruitment for FSP training
- Shared training opportunities and community event notifications with FSPs that are specific to members and families

Objective 6.4 A description of the development and participation of the Contractor in Family/Member Centered Cultural Competency Trainings.

Actions:

- FSP Advisor included cultural competency and family culture education in the FSP training, which includes a competency exam
- Completed the Special Assistance training with exam
- Attended cultural conferences to learn and practice more cultural aspects of CRS, Special Assistance, and diverse populations
- Educated Member and Family Advocacy Councils on cultural competency, including direct presentations from AzCH-CCP Health Equity Specialist

- Sought feedback to enhance family/member centered cultural competency trainings from the Member and Family Advocacy Councils

Objective 6.5 A description of how family-to-family support and networking is facilitated.

Actions:

- Families received family-to-family support and networked with other family members during AzCH-CCP Member and Family Advocacy Councils
- Provided FSP services to members during member walk-ins and community engagements
- Trained Credentialed Family Support Partners who are family members who provide supportive services in partnership with families in services
- Providers were supported and encouraged to facilitate monthly family nights, for the families they serve
- AzCH-CCP FSP Advisor collaborated with *Raising Special Kids*, and *Family Educators birth-5 Easter Seals Blake Foundation (ESBF)*, to afford families additional family to family support
- AzCH-CCP FSP assisted in the FSP program development for *Arizona Autism United* and participated in facilitating the training

Objective 6.6 A description of how the Contractor promotes available, accessible, and comprehensive community, home, and hospital support systems to meet the diverse and unique needs of the member and family.

Actions:

- Collaborated with Family Run Organizations and Community Organizations such as: *Family Involvement Center (FIC)*, *MIKID*, and *Raising Special Kids*
- Collaborated and facilitated presentations from the MSICs to providers, community members and families about what CRS MSICs do, services provided, and integrated care methods
- AzCH-CCP OIFA provided advocacy to members with COT, SMI, and other special populations which include exiting out of inpatient treatment facilities
- AZCH-CCP Care Management Department collaborated with internal and external partners to improve health outcomes related to our members Social Determinants of Health (SDOH)
- AzCH-CCP Member and Family Advocacy Councils shared relevant updates on housing resources. Council provided direct connection to OIFA Advocates who provide information and assistance to members related to home, hospital, and support systems.

Objective 6.7 An acknowledgement of the importance of families as crucial allies as it applies to the member's health and well-being for quality assurance within the service delivery system, including how this is communicated to members and their families.

Actions:

- Assisted in recruiting members/family members to attend AHCCCS forums, policy meetings, and the AzCH-CCP Member and Family Advocacy Councils
- Attended the *Peer and Family Coalition*
- FSP Credentialing training included training on connecting individuals back with their family/natural support systems
- AzCH-CCP OIFA Advocates educated that all providers are expected to engage and reengage the member's family members as an ongoing principle through their care
- Supported and educated providers on offering and connecting members to Family Support Services via assessing the family and natural supports during their encounters

Objective 6.8 The CCP documents how the unique nature of each member and their family is appreciated and recognized.

Actions:

- Emphasized and captured family success stories –member success event/story shared during the AzCH-CCP Member and Family Advocacy Councils. Successes obtained directly from the member, family, or provider staff, allowing them to identify their own personal definition of success. Successes recognized and celebrated at each meeting.
- AzCH-CCP Credentialed Family Support Partners received education and assistance to assist families in minimizing/eliminating crises and capitalizing on the strength of each family member to build a cohesive family
- “Keeping it 100” FSP celebration event provided to and in recognition of 100+ AzCH-CCP certified FSPs. Event included recognition of FSP accomplishments, FSP led educational workshops, prizes, and games.

Additional information – The AZCH-CCP FSP/CRS Member Advocate conducted ongoing outreach and distributes information to the peer and family community on:

- Family Support job opportunities
- Continuing education opportunities for Credentialed Family Support Partners
- New Youth and family programs
- Youth and family community events
- Health fairs
- Focus groups
- Surveys (for every meeting conducted, any AHCCCS services regarding services, etc.)
- New policies related to youth and family involvement
- Leadership opportunities for families and youth

CY 2023 STRATEGIC PLAN GOALS AND OBJECTIVES

The Cultural Competency Program includes one comprehensive system-wide approach to provide effective, equitable, and respectful quality care and services that are responsive to cultural and linguistic needs of members. In addition to ACOM 405 policy, the CY 2023 Cultural Competency Plan utilizes the CLAS Standards as a foundation for planning efforts.

GOAL 1

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

Culturally and linguistically appropriate services should be infused throughout all levels of an organization. Goal 1 addresses CLAS Standards 2, 3, 4. The Plan strives to create a welcoming environment for the workforce that respects, accommodates, and includes the cultural diversity of its workforce by; developing, maintaining, and promoting continuing education opportunities that increase knowledge and experience related to culture and language, recruiting diverse representation throughout all levels of the company, and creating an environment in which all individuals feel visible, welcomed, heard, and valued. The Plan’s organizational governance and leadership promotes CLAS and health equity through system-wide approaches; through policy, procedures, services, resources, and education. Quality is integrated throughout the Plan and represents a strong commitment to cultural competency and appropriate linguistic assistance

services for members. The Quality Improvement Committee (QIC) is chaired by the Chief Medical Director (or designee), or the Senior Quality Executive. Reports on CLAS Program activities, findings, recommendations, actions, and results are presented to the QIC and Performance Improvement Subcommittees no less than annually. QIC serves as the umbrella committee through which all subcommittee activities, including those of the cultural competency program and Health Equity Committee, are reported and approved. The AzCH QIC structure is designed to promote information, reports, and improvement activity results, including CLAS programming, throughout the organization and to providers, members, and stakeholders.

AzCH strives to be responsive to our membership and to have a workforce that represents the diversity of our members and communities. The Diversity, Equity & Inclusion (DEI) efforts of the Plan and its parent company include workforce metrics and tracking capabilities to ensure we value diversity, create equity, and embrace inclusion. All of our parent company's talent advisors receive training to become Certified Diversity Recruiters.

Cultural competency and health equity are interwoven throughout the organization, and a focus on health inequalities exists in the Health Equity Committee. The Plan trains and educates the workforce about the federal and state requirements pertaining to nondiscrimination in health care and developing and providing care that is inclusive of cultural and linguistic needs. Cultural Competency training is required upon hire and annually thereafter. Additionally, resources include eLearnings on inclusive leadership and allyship, resource guides on building inclusivity and cultural competency, and reading lists on disrupting bias and building a sense of belonging. Objectives and actions addressing CLAS Standards 2, 3, and 4 include:

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

Actions:

- Annually review nondiscrimination notices and language assistance taglines and make updates as applicable
- Educate about implementation of the CLAS Standards
- Offer training on cultural humility
- Review cultural and linguistic policies for current standards, inclusive language that is sensitive to all individuals

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

Actions:

- Promote involvement in the EIGs
- Encourage staff to participate in the Centene "I Count" campaign to garner diversity
- Collaborate with Human Resources and Centene partners as applicable to share recruitment and retention resources
- Review Centene employee satisfaction survey responses to diversity, equity, and inclusion and take applicable actions to address any concerns or to highlight successes

Objective 1.3 The training programs the Contractor utilizes (e.g., CC 101) to orient and train staff to be culturally competent to all members and their families of all cultures. Staff training shall be customized to fit the needs of staff based on the nature of their contact with providers and/or members.

Actions:

- Educate staff on how to interact with interpreters and members for effective communication
- Encourage training on bias, cultural humility, including culture in care
- Plan another Courageous Conversation series inclusive of new or expanded topics such as religious beliefs, health inequalities, prejudice
- Encourage staff to participate in educational events such as Best in CLAS events offered by Centene and health equity learning circles
- Educate on implementation strategies for the CLAS Standards
- Include cultural and health equity topics in the staff newsletter on a regular basis

Objective 1.4 Information outlining cultural competency training provided to the Contractor’s staff during new employee orientation and annually.

Actions:

- Assign Cultural Sensitivity 101 – the Centene Cultural Sensitivity 101 training highlights not only the true impact of systemic racism and its contribution to health disparities but also specific health equity laws, tools such as the accessing language services and new steps staff can take in their role to provide culturally relevant care and support to members
- Share additional training on topics with staff such as unconscious bias, inclusive leadership, and more which are always available to staff via our online learning platform, Centene University

GOAL 2

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

This goal addresses CLAS Standards numbers 5, 6, 7, and 8. Members and their families need to be able to participate in decisions regarding their health care. The Plan and providers have a responsibility to convey information in a manner that is easily understood by persons with limited English proficiency, low literacy skills, and individuals with disabilities. Effective communication is a key in health equity; it can increase an individual’s satisfaction and adherence to care and services offered, empower individuals to negotiate and advocate on their own behalf for important services, enable all individuals to make informed decisions regarding their health care and services options, and improve patient safety and reduce medical error related to miscommunication.

In the United States, members who have limited English proficiency (LEP) or other communication accessibility needs often face barriers to equitable care. These barriers can affect access to care. Miscommunications regarding treatment and medications can be harmful. Language assistance requirements are reflected in Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and the ACA 1557, and other federal and state policies. It is the responsibility of the Plan to ensure staff and providers have the resources needed to help individuals access care in a timely manner and understand their care and service options. It is the responsibility of providers to ensure language assistance is provided, and the Plan will provide technical assistance as needed. Policy CC.QI.CLAS.29 Cultural Competency and Linguistic Assistance addresses the provision of language support services with guidance to departments that interact with members and providers.

AzCH provides easy-to-read, culturally sensitive materials in English and threshold languages. Materials are written in plain language at or below the 6th grade level and take into consideration language proficiencies, type of disabilities, literacy levels, cultural variation, age-specific targeted learning skills and ability to access and use technology. Plain

language is assessed through resources such as the Flesch Reading Ease and Flesch-Kincaid grade level scales, in addition to tools such as Readability Studio and Health Literacy Advisor available through Centene. Training materials on how to write and communicate using plain language are available to all departments that produce member materials.

For Medicare and Marketplace, once a member has provided their preferred alternate format, AzCH provides member materials in the member's preferred format going forward. AzCH refers to this process as recording and processing a standing request for an alternate format.

Language spoken by members is self-reported. Grievances and appeals are monitored for language assistance trends. Language assistance utilization will be monitored. Technical assistance will be provided as needed.

Objective 2.1 A description of how the Contractor makes the member, at the point of contact, aware that translation/interpretation services are available. This includes access to oral interpretation, translation, sign language, disability-related services, and provision of auxiliary aids and alternative formats on request.

Actions:

- Include information about accessing language assistance in Member Handbooks, on the websites, in member newsletters, and in Welcome Packets
- Instruct providers on making the member aware of language assistance services via the Provider Manual and provider meetings or communications
 - Educate providers on the ACA 1557 policy to post nondiscrimination notices and language assistance taglines in member facing lobbies, in significant communications, and on their websites
- Create a member focused Interpreter Access Guide in collaboration with the C3 Committee and the AHCCCS Office of Individual and Family Affairs (OIFA) that will be shared with members so they will have one source of reference for each of the health plan processes to access language assistance
- Share language identification poster resources with providers so they may utilize them in member facing lobbies

Objective 2.2 How written materials critical to obtaining services (also known as vital materials) are made available in the prevalent non-English language spoken for each LEP population in the Contractor's service area as specified in 42 CFR 438.10(d)(3). This includes the requirement for provision of all written materials for members to be translated into Spanish whether or not they are considered vital. Refer to ACOM Policy 404 for additional requirements.

Actions:

- Maintain information on the availability of written translation in member communications in the Member Handbook, in member communications, and on the website, as well as in the Provider Manual and in provider communications
- Explore use of new technology using artificial intelligence that is in use by some Centene health plans to see if applicable to meet our needs in meeting urgent translation timeframes
- Determine capability of standing translation requests for the Medicaid LOB
- Review and update language assistance policies and information in Member Handbooks, Provider Manuals, on websites, and in Welcome Packets
- Distribute the materials translated into languages refugees speak to refugee resettlement organizations, providers working with refugees, and the AzCH Community Affairs team for outreach purposes

Objective 2.3 Information outlining the Contractor's process to provide member information in easily understood language and format when requested by a member. Consideration includes members with LEP or limited reading skills, those with diverse cultural and ethnic backgrounds, and those with visual or auditory limitations.

Actions:

- Maintain information about alternative formats in the nondiscrimination notices, in the Member Handbook, in member materials, on the website, and in provider materials and communications
- Process member requests for alternative formats as needed by submitting a department request form outlining the details to Marketing/Communications
- Educate staff on the process to request materials in alternative formats
- Educate providers about the requirement to provide member materials in alternative formats
- Certify bilingual staff to offer efficient and quality interpretation

Objective 2.4 Information on available interpretation services and auxiliary aids utilized by members who are deaf and hard of hearing.

Actions:

- Train Call Center staff, case managers and staff who interact with members on providing language services to members who are deaf or hard of hearing
- Educate contracted providers on how members can get access to no-cost interpreter services and auxiliary aids
- Share tools and resources with staff and providers that assist members who are deaf and hard of hearing

Objective 2.5 To ensure that communications with members and their families about member health care concerns are culturally competent, the Contractor shall submit a summary statement describing the practices that health care providers are required to use when:

- e. Accessing language assistance services,
- f. Explaining member rights and protections (e.g., Health Insurance Portability and Accountability Act [HIPAA]),
- g. Eliciting descriptions of symptoms, health problems, treatment goals and preferences, and
- h. Explaining treatment practices (e.g., medications, examinations) and processes, (e.g., goal setting, assessments, treatment planning, clinical meetings, referrals to other service providers and service interventions) are communicated.

The statement shall also refer to source documents (e.g., policies, procedures, training curricula, clinical protocols, supervisory processes, best practices) that guide these practices.

Statement: Providers are required to adhere to federal and state requirements, which include the ACA 1557, National CLAS Standards, Section 508 of the Rehabilitation Act, the Americans with Disabilities Act, Title VI of the Civil Rights Act, and ACOM 405. These requirements, which include providing/accessing language assistance, notifying members of rights and protections, utilizing taglines and non-discrimination notices, and communicating with members about their symptoms, treatment goals and preferences are addressed in the Plan's Provider Manual, are reviewed during provider meetings, and are shared in provider communications. Providers can utilize the Plan's language vendors to access interpreters but are also required to maintain their own contracts to meet needs when our vendors are unable to. Providers are required to include to provide information to members in a language and format they need to understand treatment. Providers are encouraged to utilize the C3 Patient & Communication Guide to learn how to best communicate with members. The Plan has policies that address language assistance, cultural competency, and ACA 1557 requirements that include working with providers to ensure compliance. These policies are reviewed and updated accordingly on an annual basis.

Actions:

- Continue participation on and collaboration with the C3 Committee to further consistent messaging, processes, and education across AHCCCS contracted health plans
- Educate providers on the best practices that health care providers are required to use
 - Accessing language assistance services,
 - Explaining member rights and protections (e.g., Health Insurance Portability and Accountability Act [HIPAA]),
 - Eliciting descriptions of symptoms, health problems, treatment goals and preferences, and
 - Explaining treatment practices (e.g., medications, examinations) and processes, (e.g., goal setting, assessments, treatment planning, clinical meetings, referrals to other service providers and service interventions) are communicated.

GOAL 3

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

Goal 3 addresses CLAS Standards 9-15. It focuses on member cultural needs, monitoring and assessing, and evaluating strategies.

The Plan sets goals each year to assure that cultural competency approaches and language services are implemented throughout the organization and with contracted providers. To achieve our purpose and mission of better health outcomes at lower costs for our members and the communities we serve, AzCH identifies cultural and linguistic goals, and records activities and timelines in an annual workplan. AzCH's overall cultural competency and language service goals are:

- To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers
- To ensure that members and potential enrollees are active participants in their own health and health care through clear and effective communication
- To advance and sustain cultural and linguistic innovations into AzCH and the larger enterprise

The Plan will use information gathered to enhance services and develop staff and provider skills where needed. The Plan will make tools available for individual and organizational self-assessments.

The assessment of last year's plan includes an annual summary of all culturally competent and linguistic assistance related activities, the overall effectiveness of the program, an analysis of the achievement of stated goals and objectives, and the need for program revisions and modifications as applicable. The assessment provides a description of the completed and ongoing activities of the previous year that address cultural and linguistically appropriate services; trending of measures collected over time to assess performance; and analysis of whether there have been demonstrated improvement; and identification of limitations and barriers to achieving program goals. The annual assessment and plan are presented for approval annually to the Quality Improvement Committee.

AzCH supplements cultural and linguistic services by contracting with community organizations including tribal organizations in order to meet the full range of cultural and linguistic needs of members.

Only by understanding the demographics of the population can strategies be developed to tailor care that will improve health outcomes and deliver services that truly focus on the individual. AzCH collects and maintains member demographic data including Race, Ethnicity, Language and Alternate Formats received from various sources such as state or federal electronic file feeds (primary source) and enrollment forms to capture member demographic data including race, ethnicity,

preferred language, alternate format preferences and disability status. Data is uploaded into membership records with the ability to generate member level reporting. Post enrollment, direct methods are available to obtain the member's race, ethnicity, and language (REL) data. Member REL updates are completed through the Centene call center system and roll up into the federal Office of Management and Budget (OMB) categories of American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, Other, or "declined to state." Member self-reported data continues to be limited. Cultural demographic data collection options for members and providers will continue to be assessed.

The foundation of everything AzCH does is best summed up in our parent company's purpose: "Transforming the Health of the Community, One Person at a Time." What sets us apart as a company are our focus on individuals, our commitment to whole health, and most importantly to this standard, active local involvement. To that end, AzCH convenes a Member and Family Advocacy Committee, and participates in community committees and coalitions focused on health equity.

AzCH establishes a complaint and grievance process that is culturally and linguistically appropriate by accepting grievances in writing or telephonically in any language spoken by the member. The Plan monitors all grievances to evaluate the provider network for the provision of cultural and linguistically appropriate services.

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

Actions:

- Assess and evaluate the CY 2022 cultural plan
- Create a new cultural plan for CY 2023
 - Collaborate with staff and stakeholders to develop new tasks

Objective 3.2 The process for communicating the Contractor's progress in implementing and sustaining the CCP's goals to stakeholders, members, and the general public.

Actions:

- Submit content for the new health equity page on the AzCH website that reflects the Plan cultural competency goals, including a copy of the Cultural Competency and Language Access Plans
- Discuss cultural planning at Member and Family Advisory Council meetings and seek feedback to incorporate in planning
- Participate in community collaborations to share cultural planning goals and seek input as applicable

Objective 3.3 A description of how care and service is delivered 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.

Actions:

- Encourage Indian Health Service (IHS) clinics to have staff SSI/SSDI Outreach, Access, and Recovery (SOAR) certified to reach members who are American Indian
- Discuss the possibility to develop a program to provide smart phones and data to members to facilitate their utilization of telehealth
- Assess opportunities for providing resources to diverse members diagnosed as pre-diabetic to help prevent them from becoming diabetic

- Complete and achieve the NCQA Health Equity Distinction
- Participate in a collaborative multi-health plan Cultural Competency Workgroup to infuse cultural and health equity goals in each county, discuss applicable policy reviews, complete projects to complete goals, and share events
- Implement at least one member-focused health literacy-building educational opportunity
- Share and educate about the CLAS Blueprints provided by the Office of Minority Health to address the CLAS Standards within organizations
- Promote, participate, and support local events that target diverse populations
- Collaborate with community groups to address health disparities
 - In addition to existing groups mentioned in the annual assessment, collaborate to restart and participate in the dormant LGBTQIA+ Integrated Health Coalition of Southern Arizona
- Develop marketing strategies to increase knowledge of services available to members and potential members of diverse populations

Objective 3.4 A description of how the Contractor evaluates its network, outreach services, and other programs to improve accessibility and quality of care for its membership. It shall also describe the provision and coordination needed for linguistic and disability-related services.

Actions:

- Explore the feasibility of the use of Fidelity Reviews to include verifying bilingual staff certifications for providers
- Discuss the possibility of a business review of contracted interpretation vendors that include a performance review to determine if quality standards were met
- Collaborate with Delegated Vendor Oversight to develop and conduct audits of vendors for compliance with cultural and linguistic requirements – this could include a submission of an annual report that documents language services provided, member demographic analysis, policies and procedures, training, and bilingual staff certification
 - Discuss possibility of an internal review of vendor policies and procedures to ensure compliance with federal and state standards for cultural and linguistic needs.
- Participate in recurring Joint Oversight Committees (JOCs) with vendors who provide cultural and linguistic services and review metrics and barriers
- Investigate the possibility of updating the Provider Portal “Manage Practice” tab to include cultural demographics that could be included in the Provider Directory
- Develop a brief survey about the importance of culture in health care delivery to give to persons at outreach events
- Educate providers on the importance of annual cultural competency planning and cultural assessments
- Host a member focus group in collaboration with OIFA in Q2 of CY 2023 to seek input for the planning of the LGBTQIA+ COE
- Host a provider focus group in Q2 of CY 2023 to seek their input in quality of care for membership
- Share focus group summaries as applicable to provide and coordinate culturally responsive care

Objective 3.5 A description of the Contractor’s method for evaluating the cultural diversity of its membership to assess needs and priorities in order to provide culturally competent care to its membership (languages spoken and ethnicity of membership).

Actions:

- Utilize the updated Health Equity Dashboard to identify disparities
- Address the need for obtaining members’ race, ethnicity and written and spoken language (REL) information with an annual member newsletter article
 - Request members to contact Member Services to provide their REL information
 - Explain that this information is used to improve the services and health care they receive, and that all information is kept confidential
- Discuss collecting REL data with customer service representatives and educate about its importance
- Utilize an assessment of member race and ethnicity to identify potential cultural needs that are then included in staff or provider training
- Advocate for data to be stratified by race, ethnicity, and/or languages spoken to identify trends
- Educate providers on the importance of collecting and incorporating cultural needs in service planning and delivery

Objective 3.6 A description of how the Contractor conducts regular assessments of community health assets and how the results are used to plan, implement, and assist providers in providing services that respond to the cultural and linguistic diversity of populations in their service area(s).

Actions:

- Actively participate in the Pima County Healthy Pima initiative that addresses the most recent community needs assessment
- Analyze the provider and member focus group summaries that are scheduled for Q2 CY 2023 and share the results as applicable with staff and providers
- Collaborate with the SDOH Champion on assessing disparities, sharing the information with the Health Equity Committee, and using the data to inform planning

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

Actions:

- Review complaints and grievances on a regular basis for cultural and health equity needs/trends
- Provide technical assistance as needed to address complaints and grievances that include cultural needs or discrimination aspect
- Continue discussions about workarounds or enhancements to the grievance tracking system to include race and ethnicity or other cultural demographics in reports

GOAL 4

ENSURE PROVIDERS, OTHER SUBCONTRACTORS, AND STAKEHOLDERS HAVE THE TOOLS THEY NEED TO PROVIDE A CULTURALLY AND LINGUISTICALLY APPROPRIATE SYSTEM OF CARE

Provider and subcontractor cultural and linguistic competency is a social determinant of health. Stakeholders may have key roles in supporting members to achieve health equity. AzCH supports contracted providers in their efforts to provide culturally responsive and linguistically appropriate care and covered services to members. Contracted providers are advised on how to access language services in the provider operations manual and through routine provider updates. The services offered to contracted providers are intended to:

- Promote cultural responsiveness and awareness
- Support access to and coordination of language services such as interpreters and translation services
- Offer tips for effective communication using interpreters

Collaboration with providers, other subcontractors, and stakeholders is paramount in having a culturally and linguistically appropriate system of care responsive to cultural needs. Providers and stakeholders are offered tools to expand their knowledge.

Provider cultural competency training is made available to all contracted providers. Providers are reminded annually of their responsibility to take cultural competency training. Providers may request cultural competency training customized tailored to the needs of their practice. Customized training includes may include specific strategies to address the cultural barriers to health care that are prevalent in the service area. AzCH may provide the training in person, using webinar technology, or with computer-based training modules. Providers are also encouraged to take the online cultural competency trainings offered by the Office of Minority Health on their its website. These training modules encourages providers to focus on local population cultural needs and addresses and includes:

- Information on the cultural expectations for health care
- Information on traditional or alternative health care
- Tips or and suggestions on how to address cultural issues
- Patient-centered care and effective communication techniques

Additional training courses offered by the Office of Minority Health offer specialized information for nurses, psychiatrists, psychologists, behavioral health professionals, maternal health providers, oral health professionals, and more.

In addition, education about cultural and linguistic needs occur at provider meetings, provider forums, and in provider communications.

Objective 4.1 A description of educational methods the Contractor will use for providers and other subcontractors with direct member contact.

Actions

- Continue to educate providers and stakeholders via meetings, communications, and trainings
- Offer trainings via webinar and online management systems, or in-person as allowed due to potential health risks
- Share educational events
- Develop and offer trainings as needed

Objective 4.2 The Contractor's education and training program addresses the importance of making providers and other subcontractors aware of the importance of providing services in a culturally competent manner.

Actions

- Distribute at least one language services tool to providers

- Educate providers on health literacy, promoting at least one health literacy tool or skill-building educational material
- Inform providers about the importance of providing services in a culturally competent manner via the Provider Manual and meetings

Objective 4.3 A description of additional/ongoing training and assistance provided to providers and subcontractors on providing culturally competent services to members.

Actions

- Explore the possibility of hosting Courageous Conversations for providers
- Deploy to network providers a collection of specific cultural humility training opportunities and resources, such as culturally and linguistically appropriate member health education materials based on the racial/ethnic composition of the member population
- Educate providers on health disparities related to HEDIS measures and provide resources to strategize interventions to reduce the disparities
- Offer a Project ECHO training on supporting refugees
- Finalize the updating of the 2SLGBTQIA+ curricula, host a train the trainer, begin offering the training

GOAL 5

HEALTH EQUITY INITIATIVES

Health equity is defined as “the absence of systematic disparities in health between and within social groups that have different levels of underlying social advantages or disadvantages—that is, different positions in a social hierarchy.” It is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services, Office of Minority Health, 2011). Currently, individuals across the United States are unable to attain their highest level of health for several reasons including;

- the existence of historical and current discrimination
- social injustice
- the lack of culturally and linguistically appropriate services that are responsive to diverse populations.

Addressing health disparities and supporting members to improve their health outcomes is top priority. Members with SMI diagnoses, members with diverse cultural backgrounds, and members with intersecting cultural identities often face greater disparities as they struggle to find employment, safe housing, and appropriate health care. AzCH’s expertise in the regional communities of Arizona helps identify emerging segments of enrolled membership that are experiencing health equity concerns and disparities in accessing care. AzCH’s whole person care approach includes enhancing the integrated care model to close gaps in health disparities.

Objective 5.1 A description of the method(s) used for evaluating health equity and addressing health disparities within the Contractor’s Geographic Service Area (GSA).

Actions:

- Utilize the Health Equity Dashboard to stratify HEDIS disparities by race, ethnicity, and region
- Submit ad hoc data analytics as needed to review data
- Carry over the CY 2022 health equity goals but with reflection of 8 HEDIS measures of focus plus the addition of this goal:

- Increase General Health Equity Initiatives
- Utilize the Health Equity Committee and Stakeholder Subcommittee to strategize interventions at the member, community, and provider levels

Please reference the AzCH-CCP RBHA and ACC QMPI Health Disparity Summary deliverable report for further details about the CY 2023 health equity goals.

GOAL 6

PROVIDE FAMILY-CENTERED AND CULTURALLY COMPETENT CARE IN ALL ASPECTS OF THE SERVICE DELIVERY SYSTEM FOR MEMBERS WITH SPECIAL HEALTH CARE NEEDS, INCLUDING THOSE WITH A CRS DESIGNATION.

AzCH-CCP recognizes that some of our members may have special needs. Our approach is to assist members who possess chronic conditions including behavioral health concerns, neurological disorders, developmental disorders, blood diseases and muscular skeletal disorders, with needs identification and coordination of care. All children identified as having a Children’s Rehabilitative Services (CRS) qualifying condition are engaged through the AzCH-CCP Care Management department and offered Care Management services. Policy AZ.MEDM.146, *“Integrated Care Management of Children with Special Needs”*, identifies the process and key elements to providing family centered support through the Child and Family Team (CFT) process; “Once enrolled into Care Management, the Children’s Integrated Care Manager in collaboration with the CFT, will determine the member’s needs, discover cultural practices of the family to implement through services and identify short- and long-term goals.” The policy describes the role of the Integrated Care Manager’s role in collaborating and coordinating care for the child through the CFT process. In addition, the policy describes periods for developing and implementing a comprehensive service plan and the development of a comprehensive care plan, in full collaboration with the individual, their family, and all other providers involved with their care.

Upon identification of a member as having a qualifying CRS diagnosis, an Integrated Care Manager will outreach the family to assist with scheduling an initial appointment with the closest Multi-Specialty Integrated Clinic (MSIC) and/or assisting the family with identifying additional systems of support. Collaboration between team members is supported through the Child and Family Team Process. AzCH-CCP CFT Coaches assist with collaboration and communication in a supportive manner in accordance with the Arizona Vision. The Integrated Care Manager and the CFT Coach promote communication and collaboration through the CFT process in accordance with the Arizona Vision and 12 principles of CFT practice. The CFT process recognizes spiritual and cultural preferences and incorporates the member’s individuality through the development of the individual service plan. Each service plan is tailored to meet the needs of the child and family, which includes all identified cultural, racial, ethnic, geographic, social, and spiritual preferences.

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

All Care Management staff are required to complete Cultural Competency Training as an on-boarding requirement. *“Cultural Competency in Health Education and Healthcare Promotion”* is the title of the course offered through the AzCH on-line learning system. This module is designed to cultivate thought processes in participants that allow them to become more understanding of cultural factors. Participants will be taught to value the member’s cultural framework as a necessary and acceptable component of their health and welfare. Interpreters are utilized as needed for care coordination.

As part of the initial evaluation/interview, a Health Risk Assessment and Strengths, Need, Cultural Discovery (SNCD) is completed to capture individualized cultural, social, and health needs. AzCH-CCP works with the member if they identify needs and coordinate with the CRS clinics. AzCH-CCP is in constant collaboration with the CRS MSICs to assist in coordination of care. AzCH-CCP provides member support throughout their care in any of their services.

AzCH-CCP is contracted with several Peer and Family Run organizations who can provide authentic peer and family support services to individuals. Peer Support Specialists and Family Support Partners (FSPs) are credentialed providers, recognized by the state of Arizona. The training includes cultural competency and cultural discovery of individuals and families to competently support the family's voice, choice, and cultural practices through all aspects of their care. Family Support Partners receive training on the Arizona Vision and are equipped to ensure its implementation through their services. Enrolled members are offered Peer and Family Support Services and are provided information on advocacy services. FSPs who are credentialed through AzCH-CCP are also trained in Integrated Care and CRS Designation.

AzCH-CCP Individual and Family Affairs (OIFA) Department employs a designated Family Support Advisor, who is a credentialed FSP, a CRS Member Advocate, and a Child Behavioral Health Advocate. OIFA Advisors and Advocates are available to members with special healthcare needs, and any members requesting support/advocacy. AzCH-CCP OIFA team reports the following activities:

Objective 6.1 A description of how the Contractor ensures that the family is recognized as the primary source of support for the member's health care decision-making process. Information regarding the availability of service systems and personnel to support the family's role as decision makers.

Actions:

- AzCH-CCP Member and Family Advocacy Council receive ongoing information regarding Family Support and FSP certification. Council provides access to OIFA Advocates for members and families experiencing barriers to including Family Support on their treatment plan
- OIFA Family Support Advisor is available to all AZCH-CCP members and families to provide FSP services and/or educate on its benefits
- The FSP Advisor connects families needing ongoing FSP services to Family Support providers within the AZCH-CCP system.
- Assist in recruiting members/family members to attend AHCCCS forums and policy meetings
- Provide education regarding the availability of FSP services for family members to support their navigation and involvement in their health care
- OIFA notifies all CRS families of the availability of their health plan CRS Member Advocate to support their needs and provide Family Support and advocacy as needed.
- Outreach to providers and community members has been conducted by the AZCH-CCP CRS Member Advocate to make introductions and to promote the availability of the Advocate to members
- Attend the Peer and Family Coalition; focuses on social justice for members and families and provides educational opportunities for self-advocacy and inclusion on decision-making and policy
- AZCH-CCP Care Management department is available to provide support to children and families enrolled with AZCH-CCP
- The AZCH-CCP Care Management department encourages families to connect with their natural supports as the primary source of support

- FSP Advisor provides State Credentialing Family Support Training to qualifying provider staff and caregivers to increase the workforce of FSPs in the field
- CRS Member Advocate facilitates a statewide CRS Community Collaboration Meeting to provide community and family support to members and providers of the CRS population

Objective 6.2 How cultural competency collaboration is facilitated among members, families, health care providers, and policy makers at all levels that include: a) care of the member, b) development, implementation, evaluation of programs, c) policy development, d) A description of how the CCP promotes complete exchanges of unbiased information between members, families, and health care professionals in a supportive manner at all times, and e) A description of how cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality are recognized within and across all families.

Actions for a) care of the member, b) development, implementation, evaluation of programs, c) policy development:

- AzCH-CCP Member and Family Advocacy Councils include collaboration with internal AzCH-CCP staff/departments, service providers, Independent Oversight Committees (IOCs), and AHCCCS representatives
- Include Executive Management Team (EMT) representation during Member and Family Advocacy Council meetings. Members and families provide direct feedback to AzCH-CCP EMT to be used to inform and improve AzCH-CCP services
- Participate in collaboration meetings with CRS Advocates employed by fellow health-plans to: learn how each plan operates, how each advocate operates within their respective plan and to identify barriers families may be experiencing
- Review and update as needed the CRS training module within the Family Support Certification Training to help ensure FSPs are receiving updated information to better provide support to members and families
- Convert the training module to an online format to ensure continual system education during the COVID-19 pandemic and provide training opportunity to rural/remote areas
- Attend statewide Advocacy meetings hosted by The Arizona Council of Human Service Providers to better provide family advocacy and utilize family perspective in policies discussed
- Collaborate on initiatives from the Arizona Peer and Family Coalition as applicable; to include the advocacy committee, and the Diversity and Inclusion Committee
- Provide ongoing technical assistance to State Credentialed FSPs to reinforce family engagement
- Individual-case-by-case advocacy and support provided to members and families upon request
- Bi-weekly TA and Collaboration meetings to provide immediate support to those affected by the Public Health Emergency (PHE)
- Quarterly trainings, multi-systemic collaboration and support relevant to family life, health, learning and needs
- AZCH-CCP Care Management CFT coach coordinates Child and Family Team meetings with family and community providers involved in the care of the member
- AZCH-CCP Care Management department meets with MSICs on a continuous basis to collaborate on the health and well-being of the CRS population
- AzCH-CCP OIFA attends and co-facilitates the monthly Community Conversations where members and families can bring concerns, obtain new resources, review policies and provide direct feedback to inform policy and procedure revisions
- AzCH-CCP OIFA attends and co-facilitates AHCCCS hosted work groups regarding: Youth and Family Involvement, Family Support and Peer Support. Workgroup assists in developing AHCCCS “One-Pagers” that contain important, condensed information relevant to members and families

Actions for d - A description of how the CCP promotes complete exchanges of unbiased information between members, families, and health care professionals in a supportive manner always:

- AZCH-CCP OIFA CRS Member Advocate Facilitates an open CRS Community Collaboration meeting intended for providers, organizations, families, and all entities working with the CRS population.
- CRS Member Advocate attends Medical Management monthly rounds/staffing's to brainstorm, collaborate, and problem solve challenges for high needs members and provides resources and feedback from a family perspective
- AzCH-CCP OIFA engages in Member walk-ins/encounters which includes problem solving, crisis de-escalation, and collaboration with the member's treatment team
- The Care Management department schedules monthly CRS rounds throughout the contract year with the Medical Director, CRS Care Management Department, Pharmacy Department, Medical Director, and the Behavioral Health Medical Director

Actions for e - A description of how cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality are recognized within and across all families:

- Collaborate with the AzCH-CCP Health Equity Specialist to provide Cultural Competency education to FSP providers who work one on one with the families; Explore the addition of content supporting LGBTQIA+ individuals and Health Equity components to the FSP training
- Provide technical assistance to FSPs as it relates to online homeschooling, education, and COVID-19. Includes how to reinforce, emphasize, and utilize individual family culture during times of crisis, how to communicate family needs, cultural practice preferences, needs for the education system, and IEP/504 teams
- Care Managers complete a comprehensive Health Risk Assessment for new members that includes cultural, racial, social, and spiritual questions
- AzCH-CCP OIFA Team supports and conducts health equity focus groups. LGBTQIA+ Supports/Services Focus groups are scheduled for January 2023.
- AzCH-CCP Personal Recovery Navigator (PRN) Program assigns a PRN to newly determined SMI members to assist with system navigation, educate on rights and connect members to a Family Run Organization for Family Support services
- AzCH-CCP requires SNCDs completion for every enrolled member and to be updated as often as needed but no less than annually. The SNCD shall be utilized by all team members throughout the family's care
- AzCH-CCP FSP Advisor completes cultural trainings with all AzCH-CCP Credentialed Family Support partners that include: complete understanding of the SNCDs purpose, function and competent reviews on cultural interviewing completed with a cultural presentation and assessment
- Care Managers complete a *Complex Care Management Assessment* (CCMA) for new members in case management that includes cultural, racial, social, and spiritual questions

Objective 6.3 A description of practices and policies that were implemented to support the medical, developmental, educational, emotional, cultural, environmental, and financial needs of members and their families.

Actions:

- OIFA Trainings/Overviews include: *Trauma Informed Care (TIC), Special Assistance, Member Advocacy, IOCs, Peer Support and Family Support Partner Certification*

- OIFA hosts AzCH-CCP Peer and Family Support Collaboration Virtual Meetings; Staff receive information on COVID financial/supportive resources and training/educational resources
- Member and Family Advocacy Councils include presentations from AzCH-CCP internal departments, community partners and providers to support the ongoing education of members and families
- AzCH-CCP CRS Member Advocate collaborates with regional MSICs and is available to assist with individual/specific member needs
- OIFA and Care Coordinators include outreach, advocacy, and care management services into practice
- Collaborate and facilitate presentations from the MSICs to providers, community members and families about what CRS MSICs do, services provided, and integrated care methods
- Facilitate state credentialed Family Support trainings; which provide education to parents, as well as increase the availability of FSP services for families
- Family Support Certification Training to include Family Support as it relates to *Autism, ADHD, and the Functional Behavior Assessment (FBA)*, so that FSPs may gain the competencies of providing FSP services to this population
- OIFA reviews and updates as needed the Integrated Care training module to align with the state's focus on Integrated Care and for FSPs to gain competency skills in providing FSP services for families
- Perform annual review and applicable updates to policies that were implemented to support members and their families including the ones referenced on page 3 of the AzCH Language Access Plan
- Provide outreach, education and direct presentations to providers, communities, and families about FSP services and recruitment for FSP training.
- Share training opportunities and community event notifications with FSPs that are specific to members and families

Objective 6.4 A description of the development and participation of the Contractor in Family/Member Centered Cultural Competency Trainings.

Actions:

- FSP Advisor includes cultural competency and family culture education in the FSP training, which includes a competency exam
- Complete the Special Assistance training with exam
- Attend cultural conferences to learn and practice more cultural aspects of CRS, Special Assistance, and diverse populations
- Educate Member and Family Advocacy Councils on cultural competency, including direct presentations from AzCH-CCP Health Equity Specialist
- Seek feedback to enhance family/member centered cultural competency trainings from the Member and Family Advocacy Councils

Objective 6.5 A description of how family-to-family support and networking is facilitated.

Actions:

- Families receive family-to-family support and network with other family members during AzCH-CCP Member and Family Advocacy Councils
- Provide FSP services to members during member walk-ins and community engagements
- Train Credentialed Family Support Partners who are family members who provide supportive services in partnership with families in services

- Providers are supported and encouraged to facilitate monthly family nights, for the families they serve
- AzCH-CCP FSP Advisor collaborates with Raising Special Kids and Family Educators birth-5 Easter Seals Blake Foundation (ESBF), to afford families additional family-to-family support
- AzCH-CCP FSP assists in the FSP program development for Arizona Autism United and participates in facilitating the training

Objective 6.6 A description of how the Contractor promotes available, accessible, and comprehensive community, home, and hospital support systems to meet the diverse and unique needs of the member and family.

Actions:

- AzCH-CCP Pediatric Care Management staff will work closely with third party vendors who provide face to face, person centered, culturally appropriate support for families of children with catastrophic and/ or life changing illnesses.
- Collaborate with Family Run Organizations and Community Organizations: *Family Involvement Center (FIC), MIKID, and Raising Special Kids*
- Collaborate and facilitate presentations from the MSICs to providers, community members and families about what CRS MSICs do, services provided, and integrated care methods
- AzCH-CCP OIFA provides advocacy to members with COT, SMI, and other special populations which include exiting out of inpatient treatment facilities
- AZCH-CCP Care Management Department collaborates with internal and external partners to improve health outcomes related to our members Social Determinants of Health (SDOH)
- AzCH-CCP Member and Family Advocacy Councils share relevant updates on housing resources. Council also provides direct connection to OIFA Advocates who provide information and assistance to members related to home, hospital, and support systems.

Objective 6.7 An acknowledgement of the importance of families as crucial allies as it applies to the member's health and well-being for quality assurance within the service delivery system, including how this is communicated to members and their families.

Actions:

- Assist in recruiting members/family members to attend AHCCCS forums, policy meetings, and the AzCH-CCP Member and Family Advocacy Councils
- Attend the Peer and Family Coalition
- FSP Credentialing training includes training on connecting individuals back with their family/natural support systems
- AzCH-CCP OIFA Advocates educate that all providers are expected to engage and reengage the member's family members as an ongoing principle through their care
- Support and educate providers on offering and connecting members to Family Support Services via assessing the family and natural supports during their encounters

Objective 6.8 The CCP documents how the unique nature of each member and their family is appreciated and recognized.

Actions:

- Emphasize and capture family success stories – member success event/story shared during the AzCH-CCP Member and Family Advocacy Councils. Successes obtained directly from the member, family, or provider staff, allowing them to identify their own personal definition of success. Successes recognized and celebrated at each meeting

- AzCH-CCP Credentialed Family Support Partners receive education and assistance to assist families in minimizing/eliminating crises and capitalizing on the strength of each family member to build a cohesive family

Additional information – The AZCH-CCP FSP/CRS Advocate conducts ongoing outreach and/or distributes information to the peer and family community:

- Family Support job opportunities
- Continuing education opportunities for Credentialed Family Support Partners
- New Youth and family programs
- Youth and family community events
- Health fairs
- Focus groups
- Surveys (for every meeting conducted, any AHCCCS services regarding services, etc.)
- New policies related to youth and family involvement
- Leadership opportunities for families and youth

APPENDIX A

REFERENCES

- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, U. S. Department of Health and Human Services (HHS), Office of Minority Health. www.ThinkCulturalHealth.hhs.gov
- U.S. Census QuickFacts Arizona <https://www.census.gov/quickfacts/az>
- Section 1557 of the Affordable Care Act <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>
- ACOM 405 – Cultural Competency, Language Access Plan, And Family/Member Centered Care
- Kaiser Family Foundation – Social Determinants of Health – <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
- Section 508 of the Rehabilitation Act of 1973 - <https://www.section508.gov/manage/laws-and-policies>
- Americans with Disabilities Act - <https://www.ada.gov/>
- Arizona Commission for the Deaf and Hard of Hearing - <https://www.acdhh.org/>