arizona complete health

Cultural Competency Program Plan

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CENTENE CORPORATION

Since its founding as a single local healthcare plan in 1984, Centene's heart and soul have been linked to the health of the communities we serve. From that day until now, Centene has worked tirelessly to fulfill healthcare needs and help more individuals. As Centene goes about its work today, this long-held commitment to the lives of children, families, seniors, people with disabilities and many more is encapsulated in our purpose: Transforming the health of the community, one person at a time.

Centene understands the critical role it plays in transforming healthcare and improving the health of our communities for members, families, and employees. As the leading managed care provider and employer, Centene remains steadfast in our mission to create safe, healthy, and inclusive environments.

Centene Purpose:

Transforming the health of the community, one person at a time

How We Do It

Focus on the Individual: Empowering people to create healthy habits that last a lifetime.

Whole Health: Delivering a full spectrum of care from physical health to emotional wellness.

Active Local Involvement: Helping our neighbors create a stronger, healthier community.

CULTURAL COMPETENCY PROGRAM

Arizona Complete Health (AzCH) includes the Medicaid business, Arizona Complete Health-Complete Care Plan (AzCH-CCP), Ambetter for Marketplace and Wellcare by Allwell for Medicare. AzCH-CCP includes the AHCCCS Complete Care (ACC) Line of Business (LOB) and the Regional Behavioral Health Agreement (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 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. The contract year dates referenced reflect October 1st to September 30th.

Healthy People 2030 define health equity as the attainment of the highest level of health for all people and emphasizes the need to eliminate health disparities by addressing avoidable inequalities and systemic barriers to health. Achieving whole person care, consistent with the Healthy People 2030 framework, requires sustained and intentional efforts to address avoidable inequities and the historical, structural, and contemporary factors that influence health outcomes. Healthy People 2030 emphasize that improving health and well-being for all individuals and families necessitates the elimination of disparities driven by social, economic, and environmental disadvantages, as well as the removal of systemic barriers that limit individuals' ability to achieve their full health potential.

Within this framework, health disparities are defined as differences in health outcomes that are closely linked to social, economic, and environmental disadvantages and that disproportionately impact populations who have historically experienced barriers to care and opportunity. These barriers may be associated with, but are not limited to, race or ethnicity, socioeconomic status, age, disability, mental health conditions, geographic location, justice involvement, or other characteristics historically linked to discrimination or exclusion.

In alignment with AHCCCS' Whole Person Care Initiative (WPCI), the focus has evolved from health equity as a conceptual goal to whole person care as an operational mandate, emphasizing the integration of physical health, behavioral health, and Health-Related Social Needs (HRSN) into care delivery. AHCCCS defines whole person care as a coordinated approach that addresses social risk factors—such as housing instability, food insecurity, transportation needs, employment instability, interpersonal safety, and social isolation—that significantly influence health outcomes and utilization patterns.

Under this model, health plans and their provider networks play a critical role in advancing whole person care by:

- Establishing leader-driven accountability for addressing HRSN and reducing disparities
- Developing organizational structures, workflows, and data strategies that support whole person care initiatives
- Systematically incorporating SDOH and HRSN screening, referral, and care coordination into clinical and care management activities
- Actively participating in the Arizona closed-loop referral systems, such as CommunityCares, to connect members with community-based resources
- Addressing institutional and structural barriers within their organizations that may contribute to inequitable access or outcomes
- Building and sustaining community partnerships that strengthen local capacity to meet members' social and health-related needs

Through this whole person care approach, health plans and providers are better positioned to improve health outcomes, enhance member experience, reduce avoidable utilization, and meet AHCCCS contractual expectations while supporting the broader Healthy People 2030 vision of improved health and well-being for all.

Integrating culture into care delivery is essential to meeting the needs of members and families and to advancing whole person care. AzCH is committed to ensuring that its provider network is equipped to meet the cultural and linguistic needs of the diverse populations it serves, thereby supporting members' ability to achieve optimal health outcomes. AzCH embeds culturally and linguistically appropriate services as a core organizational strategy across all lines of business. This commitment supports a whole person's care approach by recognizing that culture, language, beliefs, and lived experiences directly influence access to care, engagement, health behaviors, and outcomes.

Within the Plan, cultural responsiveness is defined as the organizational willingness and capacity to recognize, respect, and incorporate cultural differences into the delivery of services. This includes adopting systems, policies, and practices that value diversity and respond effectively to the cultural needs of individuals, families, and communities. Cultural responsiveness reflects a system-wide perspective that acknowledges and respects differences across language, culture,

socioeconomic status, race, ethnicity, disability, religion, gender diversity, sexual orientation, age, and other dimensions of diversity.

AzCH promotes care delivery that is, community-focused, person-centered, and family-oriented, assuring that services are delivered in a manner that is respectful, inclusive, and responsive. Through this approach, the Plan and its provider network support meaningful engagement, reduce barriers to care, and strengthen trust, key elements of whole person care that contribute to improved health outcomes and member experience.

Population Health Management (PHM) initiatives are routinely reviewed to ensure that cultural considerations and social determinants of health (SDOH)/health-related social needs (HRSN) are appropriately identified and addressed. This review process supports a whole person care approach by integrating clinical, behavioral, and social factors that influence health outcomes across diverse member populations. The purpose of the Population Health Management Workgroup is to establish a coordinated and aligned population health strategy; analyze data through an intersectional lens to better understand disparities across race, ethnicity, language, geography, and other demographic factors; and develop integrated, culturally responsive interventions. The Workgroup is also responsible for ongoing monitoring and evaluation of strategy effectiveness to ensure continuous improvement and measurable impact.

The PHM Workgroup is multidisciplinary and includes representation from Quality Improvement (QI), Pharmacy, Care Management, and Behavioral Health. The Workgroup meets on a bi-monthly basis to review performance data, identify priority populations, assess intervention outcomes, and recommend enhancements to population health strategies. In addition, the Plan is committed to reducing disparities in care, improving quality outcomes, including HEDIS performance, reducing avoidable utilization and associated costs, and delivering locally informed, culturally relevant, and responsive care tailored to the communities it serves. As part of Arizona Complete Health's universal precautions approach to advancing health equity and whole person care, the Plan applies trauma-informed and culturally responsive practices across all programs and services. This approach assumes that all members may experience barriers related to social risk, trauma, or inequitable access and therefore embeds equity-focused practices universally rather than selectively.

Through this framework, AzCH identifies and monitors disparities across member demographics, prioritizes opportunities for intervention at both the neighborhood and health plan levels, and collaborates with providers and community partners to reduce disparities. Targeted interventions are implemented at the member, provider, and community levels, supporting sustainable improvements in access, engagement, experience, and health outcomes.

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, their caregivers, and health care decision makers 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 in all parts of the organization, such as member services, network development, population health, utilization and care management, and quality improvement

A comprehensive understanding of member demographics is essential to developing strategies that tailor care, improve health outcomes, and ensure services are truly person-centered and responsive to individual needs. Arizona Complete

Health (AzCH) recognizes that accurate demographic data supports population health management, disparity identification, and the delivery of culturally and linguistically appropriate services. AzCH collects, maintains, and regularly reviews demographic data, including race, ethnicity, preferred language, alternate format needs, and disability status. These data are obtained from multiple sources, including state and federal electronic file feeds (primary sources) and member enrollment forms. Demographic information is uploaded into member records and maintained in a manner that supports member-level reporting and population-based analysis.

Following enrollment, AzCH offers additional opportunities for members to provide or update their race, ethnicity, and language (REL) information through direct outreach and member engagement channels. REL updates are captured through the Centene call center system and are categorized in accordance with Office of Management and Budget (OMB) standards, including 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." AzCH acknowledges that member self-reported demographic data remains limited, which may impact the completeness of population-level analyses. To address this, the Plan continues to evaluate and enhance methods for collecting cultural and demographic information in ways that are respectful, transparent, and aligned with trauma-informed and culturally responsive practices.

The Plan remains committed to ongoing assessment and improvement of demographic data collection processes for both members and providers. These efforts support more accurate identification of disparities, improved targeting of interventions, and stronger alignment with whole person care and health equity objectives across the communities served.

DEMOGRAPHICS

United States Census Report Information[1]

Group	2010 Census (your table)	2020 Census (your table)	2026 (latest Census est.)	Change vs 2010	% Growth vs 2010	Change vs 2020	% Growth vs 2020
Arizona (Total)	6,553,255	7,151,502	7,623,818	+1,070,563	+16.3%	+472,316	+6.6%
African American (Black)	294,896	386,181	442,181*	+147,285	+49.9%	+56,000	+14.5%
Hispanic/Latino	1,979,083	2,309,935	2,447,246*	+468,163	+23.7%	+137,311	+5.9%
Asian/Pacific Islander	222,811	293,211	358,319*	+135,508	+60.8%	+65,108	+22.2%
American Indian	347,323	379,029	388,815*	+41,492	+11.9%	+9,786	+2.6%

* Derived counts calculated from QuickFacts percentages applied to July 1, 2025, population estimate, rounding applied.

United States Census Arizona Report Information[2]

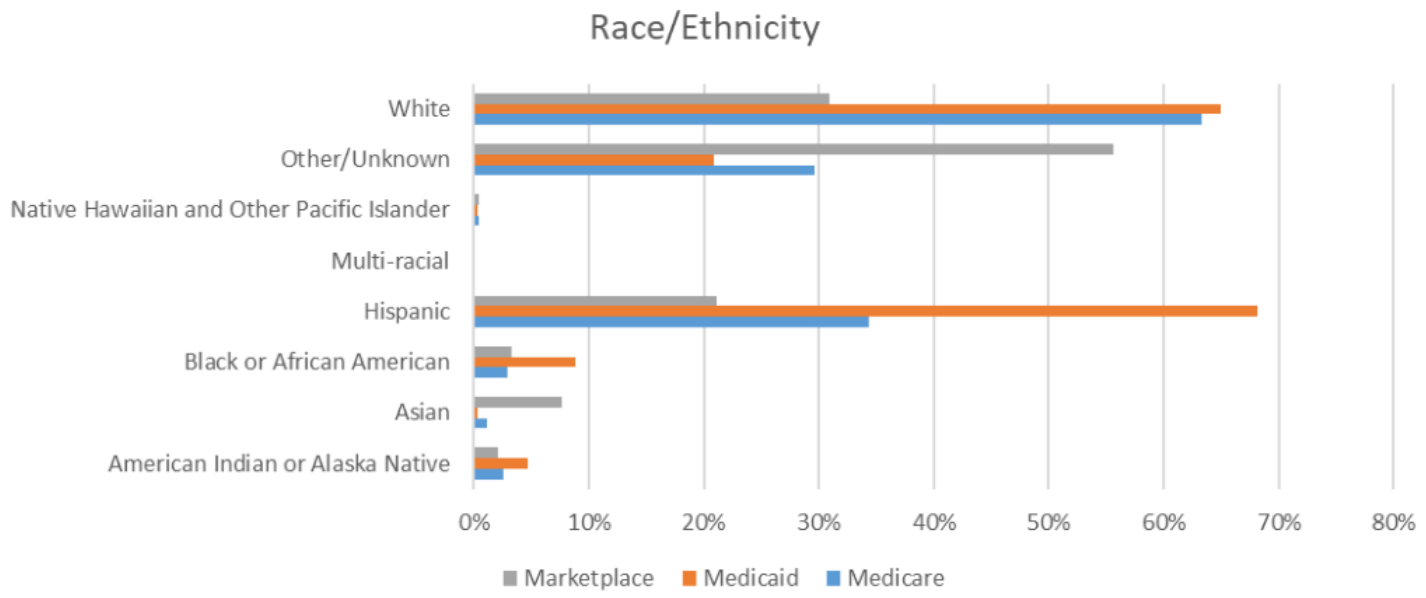
Group	2020 Census	2023 (as provided)	Δ 2020→2023	% 2020→2023	2026 (latest est.)	Δ 2020→2026	% 2020→2026
Arizona (Total)	7,151,502	7,431,344	**+279,842**	**+3.9%**	**7,623,818**	**+472,316**	**+6.6%**

[1] "Arizona: 2020 Census." United States Census Bureau. Accessed 14 September 2023.
[2] "Arizona: 2023 Census." United States Census Bureau. Accessed 16 September 2024.

African American (Black)	386,181	422,598	+36,417	+9.4%	442,181*	+56,000	+14.5%
Hispanic/Latino	2,309,935	2,437,182	+127,247	+5.5%	2,447,246*	+137,311	+5.9%
Asian/Pacific Islander	293,211	298,195	+4,984	+1.7%	358,319*	+65,108	+22.2%
American Indian	379,029	383,826	+4,797	+1.3%	388,815*	+9,786	+2.6%

* Derived counts from QuickFacts percentages applied to the July 1, 2025, population estimate (rounded).

Arizona's population exceeded 7 million residents in 2020 (7,151,502), reflecting approximately 11.9% growth since 2010, when the population was 6,392,017. By 2023, Arizona's population increased by approximately 280,000 residents, growing from 7,151,502 in 2020 to 7,431,344 in 2023, which represents about 4.0% growth since 2020. From 2022 to 2023, the population grew by 65,660 residents, representing an annual growth rate of approximately 0.9%. Also, it continues to become more diverse. According to the U.S. Census Bureau domestic migration served as the leading cause of Arizona population growth. A review of the population demographic information assists the Plans with the planning and development of culturally responsive employees, network, and member materials/communication.



AzCH-CCP Membership Landscape (2025) | *QMQ FM Analysis Tool, Power BI, 2026*

The foundation of our whole person care and cultural planning is best summed up in our parent company's purpose: "Transforming the Health of the Community, One Person at a Time." Our local involvement and our focus on individuals, and commitment to whole health sets us apart as a company. To that end, AzCH-CCP convenes Member and Family Advocacy Councils, and participates in community committees and coalitions focused on whole person care.

The Cultural Competency Plan is grounded in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, which provide a framework for delivering equitable, respectful, and high-quality care to all individuals. The Plan also incorporates consideration of the social determinants of health (SDOH)

and health-related social needs (HRSN), known as Drivers of Health (DOH) are the economic and social conditions that influence the health and well-being of individuals, families, and communities.

Social determinants of health include factors such as poverty, unequal access to health care, limited educational opportunities, food insecurity and lack of access to nutritious foods, transportation barriers, unemployment, difficulty affording medical care or prescriptions, substandard or unstable housing, unsafe neighborhoods, stigma, limited provider linguistic and cultural competency, and discrimination. While SDOH reflect broader structural and environmental conditions, health-related social needs represent the more immediate and individual- or family-level challenges that arise from those conditions. Determinants may shape health outcomes positively or negatively over time, whereas HRSN typically represents acute risks that require timely identification and intervention and may vary based on a person's circumstances and immediate priorities.

Arizona Complete Health (AzCH) recognizes that meaningful assessment of both SDOH and HRSN is essential to addressing health inequities and supporting improved health outcomes. Integrating these considerations into care delivery enables the Plan to better understand barriers to access, engagement, and adherence, and to develop interventions that reflect members lived experiences.

Culturally responsive health care seeks to deliver high-quality care to all individuals, regardless of cultural background, by respecting differences and valuing all aspects of identity. Strategies to advance cultural competence and responsiveness include providing language access services; training providers and staff to strengthen cultural awareness and skills; involving family members and community partners in care planning and decision-making; recruiting and retaining a diverse workforce; and coordinating care with community-based and traditional supports when appropriate. Through these efforts, AzCH promotes person-centered, respectful, and inclusive care that supports equitable access and improved health outcomes.

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

Race	Age	Gender diversity
Ethnicity	Geographic Location	Sexual Orientation
Primary/Preferred Language	English Proficiency	Family Roles
Physical Abilities/Limitations	Spiritual Beliefs and Practices	Economic Status
Health Literacy and Preventative Education	Community Networks and Groups	Diverse Individuals & Groups (*dimensions of diversity*)

Network providers and vendors are informed of the importance of providing services in a culturally responsive manner when they are 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 Whole Person Care Specialist.
- Content in the Provider Manual which includes cultural competency program requirements, information about federal and state laws and policies pertaining to support the cultural and linguistic needs of members, and whole-person care.
- 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. 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*. Education occurs via live events, webinars, meetings, forums, conferences, and written communications including the Provider Manual, emails, integrated calls, and the AzCH website. Staff and providers are required to have training in cultural competency initially as a new hire and annually thereafter.

Family and Member-Centered Care

The Plan provides medical, physical, emotional, and behavioral health services, including care for members with Child Rehabilitative Services (CRS) conditions. In delivering these services, the Plans adhere to the Twelve Principles for the Delivery of Services to Children established by AHCCCS, which emphasize meaningful collaboration with both the child and family as essential partners in care.

Family- and member-centered care recognizes families as integral to a member's health, development, and overall, well-being. To support this approach, the Plan:

- Recognize the family as the primary source of support and a key participant in the member's health care decision-making process, ensuring service systems and personnel are structured to support families in this role
- Facilitate collaboration among members, families, health care providers, and policymakers at all levels to support the care of the members and the development, implementation, and evaluation of programs and policies
- Promote open, complete, and unbiased information exchange between members, families, and health care professionals in a respectful and supportive manner
- Acknowledge and respect family diversity, including cultural, racial, ethnic, geographic, social, spiritual, and economic differences, as well as individuality within and across families
- Implement practices and policies that address the holistic needs of members and families, including medical, developmental, educational, emotional, cultural, nutritional, environmental, and financial needs
- Support ongoing education and training, including participation in family-centered cultural responsiveness and competency training for staff and providers
- Encourage and facilitate family-to-family support and networking to strengthen engagement and shared learning
- Promote accessible and comprehensive community, home, and hospital-based support to meet the diverse and individualized needs of members and families
- Affirm families as essential partners and allies in achieving positive health outcomes and advancing quality within the service delivery system
- Honor the person-centered nature of care, recognizing the unique strengths, preferences, and circumstances of each member and their family

Family-to-family support and networking are facilitated through multiple avenues, including Member and Family Advisory Councils, family- and member-centered services, community resource guides, and opportunities to connect individuals with shared experiences. These supports create structured, peer-based networks that allow families to share experiences, provide mutual encouragement, and learn practical coping strategies. By fostering safe spaces for open

communication and mutual understanding family-to-family support strengthens resilience, engagement, and trust while reinforcing families' central role in the care and well-being of their members.

The Plan participates in a statewide collaboration group comprised of Arizona managed health care plans (Cultural Competency Coalition, or C3), which seeks to create a unified message and education to providers, staff, and members that pertain specifically to cultural competency, culturally responsive care, diversity, inclusion, equality, and equity. This collaboration allows multiple plans to evaluate their networks, outreach services, and discuss other program opportunities to provide exceptional quality and continuity of care.

Provider Compliance and Language Access

Providers are required to comply with all applicable federal and state civil rights and accessibility requirements, including but not limited to Section 1557 of the Affordable Care Act (ACA), the National Standards for Culturally and Linguistically Appropriate Services (CLAS), Section 508 of the Rehabilitation Act, the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and ACOM Policy 405. These requirements include ensuring access to language assistance services; informing members of their rights and protections; utilizing required taglines and nondiscrimination notices; and communicating effectively with members regarding symptoms, treatment options, goals, and preferences. Provider responsibilities and expectations related to these requirements are outlined in the Plan's Provider Manual, reinforced during provider meetings, and communicated through ongoing provider communications. Providers may utilize the Plan's contracted language assistance vendors to access interpreter services; however, providers are also required to maintain their own language assistance resources to ensure continuity of services when Plan-contracted vendors are unavailable. Providers must deliver information to members in a language and format that supports meaningful understanding of their care, including alternative formats as needed to accommodate disabilities.

Providers are encouraged to use the C3 Patient & Provider Communication Guide and Supporting Choice-Helping Others Make Important Decision guide (SAMHSA) to enhance effective, respectful, and person-centered communication with members. In addition, the Plan maintains policies addressing language assistance, cultural competency, and ACA Section 1557 compliance, including collaboration with providers to support adherence to these requirements. These policies are reviewed and updated on an annual basis to ensure ongoing compliance and alignment with regulatory expectations.

The Plan actively monitors its provider network to ensure cultural and linguistic accessibility. Oversight activities include tracking languages spoken by members and providers; monitoring interpreter utilization; reviewing member surveys; auditing medical records; evaluating quality-of-care concerns; and tracking and trending grievances and appeals related to cultural responsiveness, health equity, and language access. Findings from these activities inform continuous improvement efforts to strengthen access, communication, and member experience across the network.

Protocols For Member Contact

Members are notified of the availability and accessibility of language assistance in a variety of ways, including the Member Handbook, Member Newsletters, Plan website, 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 refer to the 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 the best practice. If they do not have certified bilingual staff available, they are able to use the Plan interpreter resources as an additional option, at no charge. They are also required to maintain their own language vendor contracts to meet the needs of their members when our vendors cannot meet the needs.
- The Plan offers written-braille translation to members through a qualified translation vendor. Members are also able to request material in alternate formats
- The Plan offers auxiliary aids-augmentative communication devices for members who are Deaf or Hard of Hearing

CY 2025 (October 1, 2024 - September 30, 2025)		
Language Preference	**# of AzCH-CCP Population with Language Preference**	**% of AzCH-CCP Population with Language Preference**
English	257,867	56.57%
Spanish	65,942	14.47%
Navajo	2	0.00%
Other/Undetermined Languages	132,019	28.96%
Total	**455,830**	**100.00%**

The Plans understand the importance of communicating frequently with members to provide education, health literacy, and information regarding the health plan(s), AHCCCS benefits, health, and wellness resources, and we do so through a variety of methods including a welcome kit (benefits and forms booklet), member orientation, member handbook, provider directory and website-search tool, member newsletters, MFAC, Office of Individual and Family Affairs, various notices, individual contacts, and health assessment surveys. The Plans continuously aim to have members understand benefits and how to access services, through various health literacy opportunities. All information provided to members meets AHCCCS, cultural competency and limited English proficiency requirements.

The Plans Provider and Member Manuals explain member rights and protections (e.g., Health Insurance Portability and Accountability Act [HIPAA]). The Plans are committed to treating members with respect and dignity. Member rights and responsibilities are shared with staff, providers, and members each year. The Plans inform members of their rights and responsibilities in the Member Handbook, as guided by member rights and responsibilities policy CC.MBRS.25. The Provider and Member Manuals explicitly states that members have rights when accessing care. Members have:

- The right to respect and dignity
- The right to receive information
- The right to confidentiality and privacy
- The right to treatment
- The right to medical records
- The right to report concerns

The Provider Manual describes symptoms, health problems, treatment goals and preferences and explains 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.

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, Website

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 and resources within their community. In addition, the Plan utilizes Member and Member/Family Advocacy Councils to obtain direct input regarding services and supports.

Oversight and Monitoring

Oversight and monitoring of the cultural competency plan and program are conducted by the Cultural Competency Coordinator, who is supervised by the Director, Health Services. The Cultural Competency Coordinator collaborates with various functional units to ensure that the program is properly executed. In addition, the Cultural Competency Plan is shared with members, staff, and stakeholders via meetings or the website. Ongoing updates are provided to the Quality Improvement Committee (QIC) and Performance Improvement Subcommittees (PISC). AzCH evaluates the Cultural Competency Program annually in accordance with State and Federal requirements.

The Plan does not discriminate, exclude, or treat individuals differently in the provision or administration of health-related insurance or other health-related programs on the basis of race, color, ethnicity, national origin, sex, gender, religion, gender diversity, sexual orientation, age, marital status, or disability.

CULTURAL COMPETENCY PROGRAM LEADS

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AzCH-CCP Contract Year 2025 Program Assessment

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 2025 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.

Actions:

Culturally and linguistically appropriate services are embedded across all levels of the organization and supported by a workplace culture that values inclusion, respect, and belonging. The Plan advances this commitment through ongoing education and training to strengthen cultural awareness and language proficiency; intentional recruitment and retention of a diverse workforce; and the creation of an environment in which individuals feel visible, heard, and valued. Organizational governance and leadership actively promote the National CLAS Standards and whole-person care through system-wide policies, procedures, services, resources, and education, with quality fully integrated to support cultural responsiveness and appropriate language assistance for members and families.

Oversight and accountability are maintained through the Quality Improvement Committee (QIC) and Performance Improvement Subcommittees, which regularly review CLAS Program activities, findings, corrective actions, and outcomes to drive continuous improvement. Cultural competency training is delivered at onboarding, annually, and as needed, with required courses completed within defined timeframes and content reviewed annually by subject matter experts. Through strategic partnerships and collaboration with the Arizona Business Unit Council (ABUC), the Plan applies an equity-focused lens across operations, procurement, and workforce practices, strengthening quality outcomes, enhancing member experience, supporting inclusive business growth, and driving sustainable, organization-wide impact.

Highlights

- Create and host a Health Literacy Workgroup.
- The health equity subcommittee will be restructured to a Health Literacy Workgroup (HLW) and will be coordinated and operated under the direction and supervision of the Health Equity Committee. The HLW is statewide and will look at health equity. The focus will be on quality improvement data-focus measures-contracts-behavioral health clinical chart audit trends-analysis, etc. The HLW will be focused on educating members and provider network about the importance of health literacy and exemplifying how it can improve outcomes, quality, responsiveness, and care. As well as developing health literacy materials to provide a comprehensive understanding of populations served and increase cultural responsiveness.
    - Health Literacy Workgroup launched 2-4-2025 (restructure)
    - Strategic Alignment: Representatives from across the community discuss health equity (health literacy) initiatives across service areas (statewide), share ideas (shared-decision-making), talk about lessons

learned, identify gaps-barriers, and identify health equity (health literacy) strategies. HLW collaborates with the AzCH Health Equity Committee (HEC). The workgroup meets AHCCCS requirements.
    - Sessions: 11 | Participants: ~9 Attendees (per month)
- Health literacy subcommittee is important because it helps to advance health literacy across the organization and across the state. And can help with caveats such as: (Make better healthcare decisions, improve health outcomes, reduce emergency room visits, Lower hospital stays and readmissions, manage chronic conditions, improve quality of care, Increase patient satisfaction)
    - The Health Literacy Work Group (HLW) operationalizes AHCCCS' Whole Person Care Initiative (WPCI) by addressing the non-clinical drivers that determine whether members can understand, access, and effectively use health care and related services. By improving how information related to social determinants of health (SDOH), health-related social needs (HRSN), benefits, referrals, and next steps is communicated, the HLW advances health equity, cultural responsiveness, informed consent, shared decision-making, and sustained member engagement, core requirements for effective whole-person interventions. Functioning as a contract-aligned quality and equity strategy, the HLW leverages quality, utilization, and audit data to identify health literacy gaps, integrates provider and community-based organization insights to address real-world barriers, and builds staff and provider capacity through education on cultural responsiveness and health literacy practices. These efforts directly support improved quality outcomes, stronger HEDIS performance, reduced avoidable utilization, enhanced member experience, and compliance with AHCCCS governance, accountability, and performance expectations, reinforcing health literacy as a critical enabler of equitable, whole person care.
    - HLW Goals and Activities - Summary
        - Used quality, care gap, and utilization data to prioritize health literacy interventions, with a geographic and population-based focus on high-disparity counties (e.g., Navajo, Cochise, Maricopa, Northern Arizona) and key clinical drivers such as prenatal care, chronic disease, and behavioral health.
        - Engaged providers and network partners to assess barriers and improve uptake of health literacy tools, including outreach and feedback on CAWCV materials, prenatal care education, and collaboration with quality and provider engagement teams.
        - Integrated community, tribal, and subject-matter expertise (e.g., Tribal partners, SMEs, ADHS food access, CHRs/PFRSSs) to co-design culturally relevant, preventative education addressing food access, housing security, behavioral health, and maternal health.
        - Aligned workgroup strategy to the Healthy People 2030 health literacy definition, emphasizing both individual ability ("actions") and organizational responsibility ("addresses") through needs assessments, material development, and policy alignment.
        - Advanced quality-driven, intervention-ready initiatives, including prenatal and postpartum care improvement (HEDIS PPC), targeted education hypotheses, SDOH surveys, and development of centralized, non-duplicative health literacy resources to improve outcomes, trust, and member experience.

Arizona Complete Health-Complete Care Plan, in partnership with CommunityCares, launched our Closed-Loop Referral Lunch & Learn series designed to support and empower healthcare providers and community-based organizations to effectively implement and utilize its system for screening and referring members for health-related social needs, ensuring services are delivered and outcomes are tracked. These lunch & learn sessions will provide valuable tools and resources to enhance your skills and knowledge.

Lunch & Learn Highlights:

- Screening and Referral: Learning how to identify and screen for health-related social needs
- Referral Tracking: Understanding how to track referrals and monitor their progress
- Data and Reporting: Learning how to collect, analyze, and report on referral outcomes
- System Integration: Integrating the closed-loop system with existing electronic health records (EHRs)

Arizona Complete Health launched a Community Health Worker/Representative collaboration designed to support and empower Community Health Workers/Representatives and Provider types in strategies to support members, scope of practice sustainability, and capacity building. This collaboration provides valuable tools and resources to enhance your skills and knowledge.

Collaboration Highlights:

- Share-learn strategies to support members in adhering to health and care plans
- Gain insights from experienced Community Health Workers/Representatives and provider types
- Share resources and tools to enhance your practice

Whole Person Care Lexicon: is a guide to the terms, concepts, and process used in health equity infusion and procedure. It can be a starting point for reflection and-or can help with ongoing progress.

AzCH-CCP maintains a monthly report, which documents all use of clinical coding related to SDOH (Z-codes). The report allows us to identify which codes are being used and by which providers. AzCH-CCP uses the report to provide education to providers and to identify needs/barriers related to SDOH to inform program development. On a quarterly basis, AzCH-CCP reports all SDOH activities and the associated costs and staff time of these activities to our corporate SDOH program. The SDOH activities traditionally include, but are not limited to, referral, housing-coordinated entry, member engagement-tribal, trauma informed care, access to care, safety and social context, education-health literacy, pregnancy-parenting, social isolation, SSI/SSDI Outreach, Access-Recovery (SOAR), suicide intervention, and substance use.

Mental Health First Aid (MHFA) is a training program that teaches individuals how to identify, understand, and respond to signs of mental health and substance use challenges. It equips people with the skills to offer initial support and guide individuals towards appropriate professional help or resources. MHFA is comparable to physical first aid but focuses on mental health and substance use challenges.

Arizona Complete Health advances whole person care through Project ECHO sessions that strengthen provider capacity, elevate community-based expertise, and address both clinical and non-clinical drivers of health. These sessions highlighted the critical role of Community Health Workers in improving member engagement, care navigation, and continuity, as well as the importance of evidence-based harm reduction strategies, including Narcan use, to reduce preventable harm and improve safety for individuals and communities. Additional Project ECHO discussions also emphasized the impact of community-driven outreach and early intervention across the life span. Presentations explored strategies to improve cancer screening and survivorship through nutritional guidance, emotional support, and financial assistance, alongside the role of caregiver attachment and bonding in early childhood development. Together, these sessions reinforced the value of culturally responsive, trauma-informed, and community-engaged approaches that address physical health, behavioral health, and social needs, underscoring Arizona Complete Health's commitment to improving outcomes through education, collaboration, and whole person care.

Courageous Conversations sessions advanced meaningful dialogue across the organization by creating space for learning, reflection, and shared accountability around equity, inclusion, and well-being. These discussions brought together leaders and subject-matter experts to explore complex issues affecting members, employees, and communities, including cognitive health, mental well-being, cultural awareness, and systemic barriers to care. Through open dialogue and multidisciplinary perspectives, participants examined how organizational roles, from clinical operations to finance and appeals, contribute to compassionate, equitable, and responsive care delivery. The conversations also emphasized cultural awareness and resilience, with focused learning on American Indian and Alaska Native communities, including historical and intergenerational trauma, cultural strengths, and the ways health systems can unintentionally create barriers to access. Additional discussions highlighted themes of bravery, self-worth, and mental health, particularly the importance of addressing men's mental health and reducing stigma through education and engagement. Collectively, these Courageous Conversations reinforced the organization's commitment to listening, learning, and leading with empathy, while strengthening culturally responsive practices that support whole person care, equity, and inclusion across the enterprise.

The C3 Action Event in April 2025, aimed to bring together community members, families, educators, healthcare providers, government agencies, and community-based organizations to collaboratively create a multi-year plan addressing community health issue impacting Whole Person Care. These issues included social determinants of health like transportation, housing, and economic opportunities, along with ways to build community safety nets.

Goal 2: Ensure that individuals with limited English proficiency and/or other communication needs have equitable access to health services

Actions:

Members and their families must be able to actively participate in health care decisions, and Arizona Complete Health (AzCH) and its providers share responsibility for ensuring communications are clear, accessible, and easily understood—particularly for individuals with limited English proficiency, low literacy skills, or disabilities. Effective communication is foundational to health equity, as it strengthens engagement, supports adherence to care, enables informed

decision-making, empowers self-advocacy, and improves patient safety by reducing the risk of errors related to miscommunication. To support this commitment, AzCH provides culturally sensitive, plain-language materials in alternative formats and threshold languages, generally written at or below a sixth-grade reading level and assessed using standardized readability tools. For Medicare and Marketplace members, preferred alternate formats are honored through a standing request process to ensure consistent, ongoing access. Language preferences are self-reported and documented, while grievances, appeals, and language assistance utilization are monitored to identify trends and opportunities for improvement. Technical assistance is provided as needed to support staff and providers in meeting communication and accessibility requirements, reinforcing equitable access, understanding, and engagement across all member populations.

The Plan makes member-families aware, at the point of contact, that translation and/or interpretation services are available at no cost. This included access to oral interpretation, translation, sign language, disability-related services, and provision of auxiliary aids, augmentative communication devices, and alternative formats on request. The Plan educates providers of their requirement to provide language access service and language resources-options. In addition, providers have the option to utilize the health plan's language access vendors at no cost and are being provided as a courtesy to ease some of the burden if providers do not have their own resources and-or when their resources are not available. Education and awareness of language access requirements, support, and services were provided via integrated care calls, website, provider forum, provider manual, member handbook, member welcome packet, in lobbies, and via taglines for language assistance and nondiscrimination notices that were sent with significant member-provider materials.

Written materials critical to obtaining services (also known as vital materials) were 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 included the requirement for provision of all written materials for members to be translated into Spanish whether they are considered vital, as per ACOM Policy 404 for additional requirements. Cultural responsiveness approaches included but not limited to cultural competency programming, universal precautions to achieving health equity, health literacy, language access assistance, and cultural sensitivity.

The Cultural Competency and Whole Person Care Program advances equitable, inclusive, and person-centered care by ensuring meaningful language access across all aspects of care and service delivery. The Program recognizes language access as a foundational component of whole person care and addresses barriers that limit individuals' ability to understand, access, and use health care services. These barriers may be driven by social determinants of health (SDOH), health-related social needs (HRSN), health and health care disparities, and systemic inequities that disproportionately affect individuals with limited English proficiency, low literacy, or communication-related disabilities. Core elements of the Program include culturally and linguistically appropriate services (CLAS), health literacy, equitable engagement, inclusive member experiences, and clear, accessible communication that supports informed decision-making. The Program also emphasizes organizational and provider accountability for protecting protected health information (PHI) and personal identifiable information (PII) while delivering respectful, effective, and accessible communications to members and families.

The Program is operationalized through a universal precautions approach to language access, which applies trauma-informed and culturally responsive communication practices across all populations rather than relying solely on identification of language needs. This approach assumes that any member may experience communication barriers related to language, literacy, disability, trauma, or system complexity and therefore embed language access into all care and service interactions. Universal precautions include the consistent use of plain language; access to qualified

interpreters and translated materials; inclusive and respectful language; culturally responsive communication; and integration of language considerations into whole person care practices. Operational strategies support identification of social and communication-related risks through tools such as ICD-10 Z-codes, participation in closed-loop referral systems, and coordination with community-based resources to address identified needs.

In practice, this approach is reflected through holistic and integrative care delivery; collaboration among members, families, providers, and community partners; proactive use of plain and commonly understood language; flexibility and patience for individuals with disabilities or special communication needs; and consistent connection of members and families to language-appropriate community supports. By embedding language access as a universal practice, the Program strengthens equitable access, improves understanding and engagement, reduces avoidable errors, and reinforces trust across the care continuum.

Highlights:

Maintain a low number of complaints related to language access issues. We will strive to maintain <1% of complaints.

- Member Services monitors the member grievance log and performs ongoing trending analysis to identify problems and issues. Trending reports are discussed monthly by the Grievance Committee. The Grievance Committee reviews all grievances received.
    - Of the 807 grievances received, there were zero complaints regarding language access.
    - Providers and members are consistently educated in whole person care, system of care values/requirements, and the process of requesting language assistance.

Goal 3: Ensure on going strategic plan development, implementation, evaluation, and monitoring.

Actions:

To ensure ongoing strategic plan development, implementation, evaluation, and monitoring, the organization establishes clear, measurable goals and key performance indicators (KPIs), regularly review progress against those metrics, actively communicates the plan throughout the organization, involves key stakeholders in the process, adapts the plan as needed based on feedback and changing circumstances, and conduct periodic formal evaluations to assess effectiveness; all while maintaining a culture of continuous improvement.

Highlights:

Improve public website to include health equity, cultural competency, and health literacy elements for access by both members & providers.

- Create a health equity webpage that encompasses cultural competency, and health literacy materials and resources.
    - Whole Person Care webpage (AKA: Health Equity)
    - Veterans and Military Family webpage
    - Members Language and Interpretation webpage

- Increasing health literacy materials on a website is crucial because it empowers individuals to better understand and utilize health information, leading to more informed healthcare decisions, improved health outcomes, and reduced health disparities by ensuring everyone can access and comprehend vital health details, regardless of their literacy level.
    - The Whole Person Care webpage explains how Arizona Complete Health–Complete Care Plan (AzCH-CCP) supports members' overall health by addressing more than just medical needs. It highlights the Plan's commitment to equitable, person-centered care by integrating physical health, behavioral health, language access, health literacy, and drivers of health such as housing, food, transportation, and safety. The page describes available supports, including interpreter services, health literacy resources, care management, and community referrals, and explains how AzCH-CCP partners with AHCCCS and community organizations through the Whole Person Care Initiative and closed-loop referral systems. Overall, the webpage is intended to help members, providers, and partners understand how AzCH-CCP removes barriers, improves communication and access, and connects members to the services and resources they need to achieve better health and well-being.
    - The Veterans and Military Families webpage explains how Arizona Complete Health–Complete Care Plan (AzCH-CCP) supports Veterans, active-duty service members, and their families by recognizing the unique experiences, health needs, and challenges associated with military service. The page highlights the Plan's commitment to culturally responsive, trauma-informed, and whole person care, including coordination of physical health, behavioral health, and social supports that are especially relevant to military-connected populations. The webpage also outlines available resources and supports, such as care management, behavioral health services, community partnerships, and referrals to Veteran-focused programs, to help address issues like transitions from active duty to civilian life, mental health and substance use needs, access to benefits, housing stability, and family support. Overall, the page is intended to ensure Veterans, and military families understand how AzCH-CCP honors their service, reduces barriers to care, and connects them to coordinated, respectful services that promote health, stability, and well-being.
    - The Members Language and Interpreter webpage explains how Arizona Complete Health–Complete Care Plan (AzCH-CCP) ensures members can communicate effectively and understand their care by providing free language assistance and interpreter services. The page outlines members' rights to receive information in their preferred language and format, including access to qualified interpreters (telephone, video, or in-person when available) and translated or alternative-format materials at no cost. It also describes how members can request language services, update their language preference, and obtain help if they have limited English proficiency, low literacy, or communication-related disabilities. Overall, the webpage is designed to reduce language barriers, support informed decision-making, improve safety and satisfaction, and ensure equitable access to care for all members.

GOAL 4: Ensure providers, other subcontractors, and stakeholders have the tools they need to provide a culturally and linguistically appropriate system of care.

Actions:

AzCH supported providers in their efforts to provide culturally responsive and linguistically appropriate care and covered services to members. Providers were informed on how to access language services in the provider operations manual and through routine provider updates. The information offered to providers included promotion of cultural responsiveness and exploitation awareness, access to and coordination of language services such as interpreters and translation services, and tips for effective communication.

Provider cultural competency training was made available to all contracted providers. Providers were 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 included specific strategies to address the cultural barriers to health and care that are prevalent in the service area. AzCH provided the training(s) in person, Zoom-webinar technology, or with computer-based training modules. Providers were also encouraged to take the online cultural competency training offered by the Office of Minority Health on their website. These training modules encourage focus on local population cultural needs and addressed and included information on the cultural expectations for health care, information on traditional or alternative health care, best practice on how to address cultural barriers, 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.

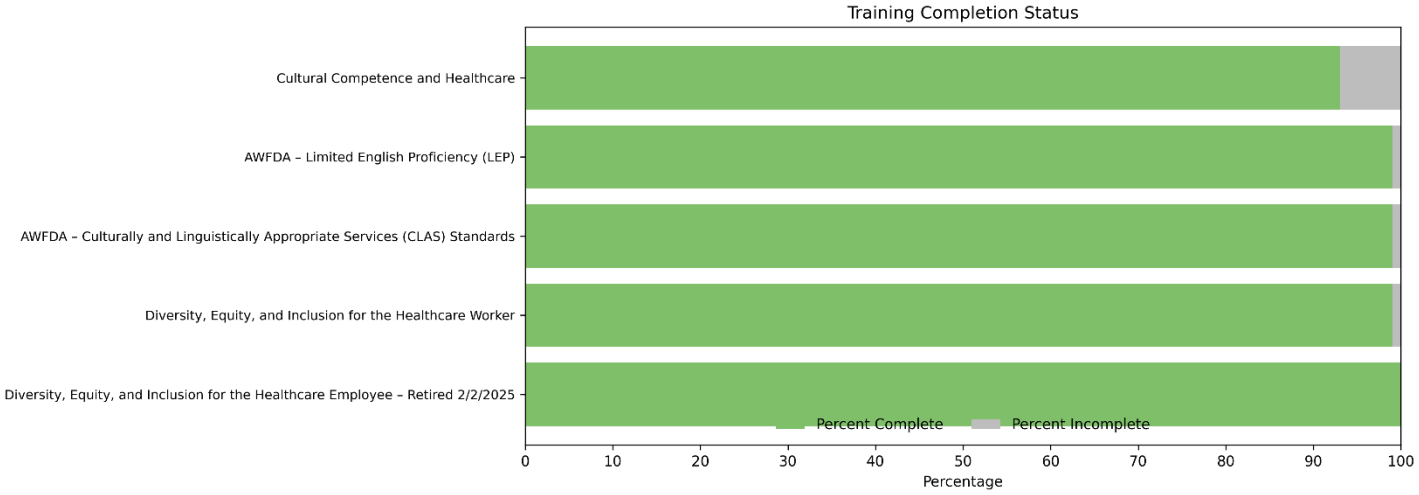
In addition, education about cultural-linguistic needs, language access, health inequities-disparities, culture in care, CLAS standards, occurred at provider meetings, provider forum, conference, health equity page on the AzCH-CCP website, and in provider communications.

Highlights:

Increase cultural sensitivity/humility training of Arizona Complete Health's network practitioners by 5%

- Cultural competence training for health care professionals focuses on skills and knowledge that value diversity, understand, and respond to cultural differences, and increase awareness of providers' and care organizations' cultural norms.
    - The cultural competency in health care training completion rate increased by 5.40 percentage points, from 87.27% in FY2024 to 92.67% in FY2025.
    - The AWFDA–Limited English Proficiency (LEP) training completion rate increased by 98.11 percentage points, from 0.39% in FY2024 to 98.50% in FY2025. The substantial increase reflects expanded implementation and monitoring of LEP training in FY2025
    - The AWFDA–Culturally and Linguistically Appropriate Services (CLAS) standards training completion rate increased by 88.49 percentage points, from 10.57% in FY2024 to 99.06% in FY2025.
    - The Diversity, Equity, and Inclusion for the Health Care Worker training completion rate increased by 97.47 percentage points, from 1.65% in FY2024 to 99.12% in FY2025.
- Increased cultural humility can lead to behaviors, programs, policies, practices, and services that are more culturally appropriate and responsive.

- Arizona Complete Health restructured its legacy “Culture, Care, and You” training into a comprehensive “Cultural Humility” training to better align with evolving healthcare best practices, regulatory expectations, and the needs of a diverse member population. This transition reflects a strategic shift from a static, awareness-based cultural competency model to a continuous, reflective, and action-oriented approach that more effectively supports equitable, person-centered care.
- The former training focused primarily on cultural awareness and general sensitivity. While foundational, this approach did not sufficiently address the dynamic nature of culture, the impact of implicit bias, or the role of power imbalances and self-reflection in healthcare delivery. As healthcare environments and patient populations continue to evolve, Arizona Complete Health recognized the need for training that goes beyond knowledge acquisition and instead promotes ongoing learning, accountability, and behavioral change.
- The Cultural Humility training was designed to meet this need. It emphasizes lifelong learning, critical self-reflection, and respectful partnership with patients and communities. This framework better equips network practitioners to respond to individual patient experiences, reduce disparities, and improve communication and trust, particularly for historically underserved and linguistically diverse populations. The updated training also more clearly supports federal, and state priorities related to health equity, culturally and linguistically appropriate services (CLAS), and workforce development.
- This restructuring was essential to:
    - Strengthen alignment with health equity, DEI, CLAS, and LEP expectations
    - Improve practitioner engagement and accountability
    - Ensure training content reflects current standards of care rather than static cultural generalizations
    - Support consistent measurement, tracking, and enforcement across the provider network
- The substantial increase in training completion rates following implementation reflects the successful rollout of the restructured program, enhanced tracking and reporting mechanisms, and clearer compliance expectations. Collectively, this transition demonstrates Arizona Complete Health’s commitment to continuous improvement, equitable care delivery, and meaningful practitioner engagement in cultural humility as a core competency.



Demonstrating You Met or Exceeded the 5% Improvement Goal

A. Summary Table

Training Measure	FY2024 Completion Rate	FY2025 Completion Rate	Increase (Percentage Points)	≥ 5% Goal Met
Cultural Competency in Health Care	87.27%	92.67%	**+5.40 pp**	Yes
AWFDA – Limited English Proficiency (LEP)	0.39%	98.50%	**+98.11 pp**	Yes
AWFDA – CLAS Standards	10.57%	99.06%	**+88.49 pp**	Yes
DEI for the Health Care Worker	1.65%	99.12%	**+97.47 pp**	Yes

Arizona Complete Health established a goal to increase cultural sensitivity and humility training completion among network practitioners by at least 5 percentage points. Between FY2024 and FY2025, all applicable training measures met or exceeded this target, with increases ranging from 5.40 to 98.11 percentage points, demonstrating sustained and significant improvement in practitioner training compliance.

Several training measures demonstrated substantial year-over-year increases between FY2024 and FY2025. These increases reflect the full implementation of required training programs, enhanced tracking and reporting mechanisms, and increased enforcement of completion requirements for network practitioners. In FY2024, certain training courses were newly introduced, optional, or inconsistently tracked, resulting in low baseline completion rates. By FY2025, these trainings were fully deployed, monitored, and incorporated into standard compliance expectations, leading to significantly higher completion rates.

In a partnership with Crisis Preparation and Recovery (CPR) In Maricopa County, we established PRISM (Proactive, Responsive, Innovative, Solutions for Minimizing Readmissions), which is a program designed to integrate creative, person-centered strategies and collaborative efforts to enhance patient care and optimize outcomes. Through collaborations with BHRF's, Detoxes, and Hospitals – PRISM aims to provide our SUD Co-occurring member population with rapid access to care, support, and connection to decrease readmissions and cost.

AzCH facilitated the annual Healthcare Experience Symposium. This year's focus was Health Equity and what it means from all aspects, Member, Provider, and the Health Plan. Symposium discussed Health Equity from the Health plan level, personal experience in dealing with Health Equity, and its impact on them as providers and our members.

AzCH hosted ongoing Veterans Action Team (VAT) meetings to support Veterans through coordinated community partnerships, education, and advocacy. VAT focused on improving access to services and addressing the cultural needs of Veterans enrolled in AHCCCS and those receiving community-based care. Key discussions centered on assistance with AHCCCS enrollment, care coordination, provider referrals, and Veteran-centered behavioral health services. The team also collaborated on community outreach efforts, including Veterans Stand Down events across multiple regions, to connect Veterans with critical resources and support. Additional topics included peer support training opportunities for Veterans, the Compensated Work Therapy (CWT) program, community-based recovery supports such as Brock Pennington's Entune, women-specific treatment facilities, and alignment with the Arizona Olmstead Plan to promote services in the most integrated community settings.

The VAT also reviewed substance use disorder treatment resources, including the SOBA Recovery model of care. This included discussion of person-centered practices such as full access to personal electronics, transportation support for medical and community appointments, and individualized movement through levels of care based on clinical and medical need. Services reviewed included medical detoxification with 24-hour nursing support, residential inpatient treatment with therapeutic and medical oversight, and partial hospitalization programming offering intensive daily treatment, medication management, and recovery-focused group services. Overall, the Veterans Action Team strengthened cross-system collaboration, increased awareness of Veteran-specific resources, and reinforced AzCH's commitment to coordinated, accessible, and Veteran-centered care across the continuum of services.

AzCH-CCP, in partnership with the Autism Society of Southern Arizona, created Sensory Kits for all Crisis Mobile Teams (CMT) to use in the field during response and assessment. A total of 151 CMT staff (74%) in Southern and Northern Arizona were trained in a 3-week, 8 sessions, period. Training occurred both in Tucson and Flagstaff with the majority of attendees coming in person to learn from the Autism Society, who generated training specific to the new kits, with crisis response in mind.

AzCH-CCP has a longstanding history of developing and formalizing Memorandums of understanding and/or Letters of Agreement between our health plan and the American Indian tribes of Arizona. We are excited to share our most recent achievement of developing and executing a Letter of Agreement with the Yavapai Apache Nation. This LOA will allow AzCH-CCP, as the Regional Behavioral Health Agreement (RBHA) entity in the tribe's area to ensure delivery of crisis services and integration physical and behavioral health services for persons designated as Seriously Mentally Ill (SMI). Without these types of agreements, providers in AzCH-CCP's network who deliver these services are not allowed to travel on tribal lands, creating a significant barrier to serving residents.

The System of Care (SOC) Team aims to expand the network of providers offering evidence-based practices (EBPs) for Transition Aged Youth (TAY) by offering an array of training opportunities in 2025. In conjunction with Community Engagement and Special Programs and leveraging our Grants, the SOC team offered Transition to Independence (TIP) training to providers across the state, which also included a Train the Trainer component. TIP is a framework designed to help youth between the ages of 14-29 move towards independence. TIP focuses on 4 domains: career development, living skills, community participation, and health and wellness. A total of 54 provider staff across Arizona attended the training. In addition, in Q2 the SOC will offer motivational-interviewing training as well as specific training focused on the SMI evaluation process with the TAY population.

GOAL 5: Whole Person Care Initiatives: Family-Centered and Culturally Competent Care

Actions:

Whole person care is an integrated approach to health and well-being that seeks to enable all individuals to achieve their highest attainable level of health by addressing the full range of factors that influence outcomes. This approach recognizes that physical health, behavioral health, social conditions, lived experience, and access to supportive services are interconnected and must be addressed collectively to support optimal health.

Whole-person care emphasizes fair and just access to care and resources, ensuring individuals have meaningful opportunities to achieve their best possible health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. Rather than focusing solely on equal treatment, whole person care prioritizes equitable care delivery, recognizing that individuals may require different levels or types of support to achieve comparable health outcomes.

By addressing clinical needs alongside social determinants of health and health-related social needs, whole person care promotes fairness, reduces avoidable disparities, and supports informed decision-making, engagement, and sustained well-being for individuals, families, and communities.

Individuals and families across the United States are unable to attain their highest level of health for several reasons including, but not limited to, the existence of historical, generational, structural, and contemporary racism and discrimination, social injustice, and experience 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 Serious Mental Illness (SMI) diagnoses, members with diverse cultural backgrounds, and members with intersecting cultural identities often face greater disparities as they struggle to find employment, safe-stable housing, food-nutrition securities, and appropriate health care access. 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 and trauma informed care approaches include enhancing the integrated care model to close gaps in health disparities.

AzCH utilizes the HEDIS Stratification Dashboard to stratify data by race, ethnicity, age, sex, language, and zip code, the Centene Healthcare Analytics request process for data if needed, analyze the data, identify hot spots and populations most affected by the disparity, and develop interventions in collaboration with the Health Equity Committee and Subcommittee, submit the annual Health Disparity Summary and Evaluation Report, and Utilize the NCQA Disparity Summary Report for actions and goals of the method(s) used for evaluating health equity and addressing health disparities within the Contractor's Geographic Service Area (GSA).

Highlights:

Maintain a low number of complaints related to cultural competency (health equity) issues. We will strive to maintain <1% of complaints.

- Member Services monitors the member grievance log and performs ongoing trending analysis to identify problems and issues. Trending reports are discussed monthly by the Grievance Committee. The Grievance Committee reviews all grievances received.
    - Of the 807 grievances received, there were six (0.74%) complaints regarding cultural issues-attitude/service, cultural competency (health equity
    - Resolutions of the identified grievances: providers and members are consistently educated on the family-centered and culturally responsive care services.

AzCH facilitated multiple Member/Family Advocacy Council (MFAC) engagements through both virtual and in-person formats to ensure broad participation and accessibility. These forums brought together members, family members, providers, and community advocates to elevate member and family voice, strengthen partnerships, and inform system-level improvements.

Key discussions focused on system transitions, integrated care, and community-based service delivery, including the Arizona Olmstead Plan and its role in ensuring members receive services in the most appropriate and integrated settings. AzCH Subject Matter Experts participated throughout the year to share resources, listen to member concerns, and identify needs and barriers, with feedback elevated to leadership for ongoing planning and action.

Tier 2 MFAC meetings emphasized advocacy, education, and collaboration. Topics included MFAC purpose and guidelines, AHCCCS priorities, training updates, and strategies to increase awareness and participation. Presentations highlighted health and wellness, tribal liaison services, Veterans' support, health literacy, and the AzCH system of care, along with success stories demonstrating positive member outcomes.

Quarterly MFAC reviews engaged a large and diverse group of participants, with a subset receiving direct services. Discussions addressed a wide range of health and community topics, including Veterans' services, incentive programs, preventive screenings and vaccinations, behavioral health, respite services, transition-aged youth, autism spectrum disorder, and available community resources. Transportation emerged as a consistent community concern, prompting continued education on how members can effectively submit transportation-related complaints to their health plans. Group discussions revealed varied perspectives on vaccinations, influenced by medical considerations and personal concerns, as well as routine preventive practices among some members. Awareness gaps were also identified, particularly regarding respite services, underscoring the need for continued education and outreach.

Overall, MFAC activities strengthened member engagement, increased awareness of available services, identified systemic barriers, and reinforced AzCH's commitment to person-centered, community-based care through meaningful member and family partnership.

Substance Use Disorder Continuum of Care: The Care Management and Post-Acute Teams developed a new initiative to support members in Skilled Nursing Facilities (SNFs) who have high-cost health conditions tied to underlying substance use disorders (SUD). The goal is to engage these members in treatment for their SUD while they're still in the SNF, by connecting them without patient providers who offer Medication-Assisted Treatment (MAT). This effort has already shown promising cost savings and has been added to the Health Plan's Quality and Affordability Improvement (QAI) portfolio.

Raising Awareness of First Episode Psychosis (FEP): Arizona Complete Health has partnered with I-Heart Media to conduct a media campaign to raise awareness of First Episode Psychosis (FEP) and how to access care. FEP provides services to members who have had their first episode of psychosis within the past two years. These programs provide counseling, supported employment services, peer services, medication management, family support and case management in our Southern and Northern regions utilizing the evidence-based practice coordinated specialty care model. AzCH data shows that over a two-year period, members in FEP programs had a reduction in total paid claims by 48% compared to comparable non-FEB member population showing an increase of over 24%. Data shows members in FEP programs had a reduction in emergency department use by 45% compared to an 11% reduction for comparable non-FEP program members. AzCH-CCP continues to raise awareness of this program for our members, providers, and communities.

Oakwood Creative Care, Arizona Complete Health Campus: We are excited to announce the Grand Opening of the Oakwood Creative Care, Arizona Complete Health Campus on October 20, 2025. The campus, funded by the Centene Foundation and Arizona Complete Health, will serve older adults with Dementia, Parkinson's, stroke recovery or age-related challenges along with their caregivers. The programs go beyond adult day and memory care programs, it offers life-enriching experiences and support and care for the entire family. The program also includes access to the COPE – Care of Older Adults in their Environment –model. This program includes the deployment of an in-home multi-disciplinary team who conducts a multidimensional evaluation with the person and caregiver, implementing solutions over 10-12 sessions that holistically address the person's care while also addressing caregiver stress and burnout. We are truly proud of this partnership and expanding these critical services to additional areas.

Housing updates: Include information about the AzCH-CCP Housing Provider Services Meeting, which takes place on the third Wednesday of every month from 10:30 a.m. to 12:00 p.m. Additional housing training opportunities are available through the South-West Fair Housing Council (SWFHC), including Orientation & Refresher on Fair Housing 101 in November 2025 and May 2026, as well as SWFHC HUD's Guidance on Rentals and the Use of Criminal Records in February 2026 and August 2026.

The Permanent Supportive Housing (PSH) referral process continues to follow standard DOH and HRSN screening requirements. When members report housing instability, providers document the appropriate ICD10 Z-code and include housing needs in the service plan. Clinical teams assist members in selecting a dedicated PSH provider and coordinate ART or intake appointments with housing-specific agencies. Dedicated EBP PSH providers maintain small caseloads and deliver specialized services such as rental assistance applications, prevention, utility and community resource navigation, and support during ABC/HOM Inc. appointments, including housing briefings, lease signings, renewals, and HQS inspections.

AzCH-CCP advances a guiding philosophy that employment is essential to members' purpose, empowerment, self-worth, and community inclusion. Employment services also support reduced stigma, fewer hospitalizations, and greater long-term opportunities. In alignment with AHCCCS Whole Person Care and ACOM 447 requirements, providers must maintain appropriate staffing and competencies, use SDOH Z-codes to document employment-related barriers, and ensure members receive comprehensive guidance on how work may affect benefits through the DB101 tool.

Members may attend Vocational Rehabilitation (VR) orientations without a Social Security card; however, the card is required later for eligibility. Priority populations include transition-aged youth, individuals with justice involvement, members in AHCCCS housing programs, American Indian/Alaska Native members enrolled with the health plan, and individuals with autism spectrum disorder.

AzCH-CCP offers employment services through its network of Behavioral Health Homes and Employment Specialty Providers. These include psychoeducational support to build work readiness and ongoing services that help members maintain competitive integrated employment. These services are provided only when they are not available through the federally funded Rehabilitation Act program, which remains the primary payer for Title XIX-eligible members. Members must be educated about VR benefits, and decisions regarding participation must be documented in the service plan.

CY 2026 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 2025 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

Create and host a network Community Health Worker/Representative Provider Type Orientation to align CHW operations and strategies with Managed Care Organization (MCO) priorities, while advancing health literacy, whole-person care, and quality improvement across the provider network.

- This orientation will ensure consistency in mission, vision, care delivery, and quality performance by providing CHWs with a clear understanding of health plan expectations, contractual requirements, quality measures, and population health goals. The orientation will strengthen CHWs' capacity to support member engagement, care coordination, and preventive care while contributing to improved health outcomes and plan performance.
- Purpose of orientation: Align CHW roles and day-to-day activities with MCO priorities, including quality improvement, care management, behavioral health integration, and population health initiatives. And can help clarify expectation related to:
    - Contractual and performance measures
    - Documentation and reporting requirements
    - Quality and utilization of metrics
    - Standardized CHW practices across the provider network to ensure consistent, high-quality care delivery
    - Reinforce the role of CHWs as critical partners in advancing member access, engagement, and continuity of care
- Why this Orientation is Important: A standardized CHW Orientation aligned with MCO priorities is essential because it:
    - Promotes consistent care delivery across the provider network
    - Strengthens alignment between frontline CHW activities and health plan goals
    - Improves quality outcomes and performance on key measures
    - Reduces avoidable emergency room utilization, hospital admissions, and readmissions
    - Enhances chronic condition management and preventive care
    - Improves care coordination and communication between providers and health plans
    - Increases member satisfaction and engagement by ensuring CHWs are well-equipped to support members effectively

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

Maintain a low number of complaints related to language access issues. We will strive to maintain <1% of complaints.

- Member Services monitors the member grievance log and performs ongoing trending analysis to identify problems and issues. Trending reports are discussed monthly by the Grievance Committee. The Grievance Committee reviews all grievances received.
- Providers and members are consistently educated in the process of requesting language and/or sign language interpretation services.

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

Improve public website to include health equity, cultural competency, and health literacy elements for access by both members & providers.

- Create a whole-person care webpage (member-facing) that encompasses cultural competency, and health literacy materials and resources.
- Increasing health literacy materials on a website is crucial because it empowers individuals to better understand and utilize health information, leading to more informed healthcare decisions, improved health outcomes, and reduced health disparities by ensuring everyone can access and comprehend vital health details, regardless of their literacy level.

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

Increase cultural sensitivity/humility training of Arizona Complete Health's network practitioners by 5%

- Cultural competence training for health care professionals focuses on skills and knowledge that value diversity, understand, and respond to cultural differences, and increase awareness of providers' and care organizations' cultural norms.
- Increased cultural humility can lead to behaviors, programs, policies, practices, and services that are more culturally appropriate and responsive.

Goal 5: HEALTH EQUITY INITIATIVES: FAMILY-CENTERED AND CULTURALLY COMPETENT CARE

Maintain a low number of complaints related to cultural competency (health equity) issues. We will strive to maintain <1% of complaints.

- Member Services monitors the member grievance log and performs ongoing trending analysis to identify problems and issues. Trending reports are discussed monthly by the Grievance Committee. The Grievance Committee reviews all grievances received.

- Providers and members are consistently educated on the family-centered and culturally responsive care services.

APPENDIX A

CULTURAL COMPETENCY RESOURCES

- Americans with Disabilities Act
- Arizona Commission for the Deaf and Hard of Hearing
- Arizona Health Care Cost Containment System Contractor Operations Manual
    - Arizona Health Care Cost Containment System Contractor Operations Manual (ACOM) Policy 404 – Contractor Website and Member Information
    - Arizona Health Care Cost Containment System Contractor Operations Manual (ACOM) Policy 405 – Cultural Competency, Language Access Plan and Family/Patient Centered Care
    - Arizona Health Care Cost Containment System Contractor Operations Manual (ACOM) Policy 406 – Member Handbook and Provider Directory
- Kaiser Family Foundation – Social Determinants of Health
- 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
- Section 508 of the Rehabilitation Act of 1973
- San Diego Foundation (2024)
- Section 1557 of the Affordable Care Act
- Substance Abuse and Mental Health Services Administration (SAMHSA-2023) Shared Decision Making in Mental Health Care
- U.S. Census QuickFacts Arizona