



Clear Health Alliance
Medicaid Medical Assistance
Program
Cultural Competency Plan

June 1

2015



Section I: Introduction

BACKGROUND:

Clear Health Alliance (CHA) (non-Reform), an HMO Specialty Plan for people with Medicaid living with HIV/AIDS, became operational in Miami-Dade County effective April 1, 2012. A Reform CHA contract was implemented in Broward County effective March 2013. Both of these contracts remained effective until the SMMC was implemented in 2014. In January 2014 CHA signed a contract to provide services as a Medicaid Managed Assistance Program provider in all Florida Regions except Region 4. Services under this new contract began rolling out on May 1, 2014 and were fully implemented as of August 1, 2014. While this CCP addresses the new MMA Program specifically, it is preceded by similar, ongoing CCPs that have been in effect since April 1, 2012. As of December 31, 2014 there were 11,796 members enrolled in the CHA MMA.

POLICY:

Clear Health Alliance (CHA) Medicaid Medical Assistance Plan will assure that Plan employees, network providers and delegated contractors and subcontractors are culturally diverse and competent to interact with our culturally diverse members. As required, the Cultural Competency Plan (CCP) describes how providers, CHA employees, and systems will effectively provide services to people of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes values, affirms and respects the worth of the individual enrollees and protects and preserves the dignity of each.

The CCP is designed in accordance with 42 CFR 438.206 and implicitly commits to compliance with all contractual requirements identified in Section I.K. Civil Rights Requirements/Vendor Assurance of the MMA contract. The CCP will be updated annually and submitted to the Agency by June 1 for approval and implemented by September 1 of each contract year as required in the MMA contract. Additionally, CHA will complete an annual evaluation of the effectiveness of the previous year's CCP to be submitted to the Agency by June 1 and will develop interventions for elements of the CCP that do not perform to expectations as specified within the CCP or expressed by the Agency.

The CHA Policy and Procedure (QM023) that guides this Cultural Competency Plan (CCP) is included here as Attachment A.

RESPONSIBILITY FOR THE CULTURAL COMPETENCY PLAN:

It is the responsibility of the following CHA department heads to assure that members have access to cultural diversity in the provider network and among Plan employees in



the areas of Member Services, Grievance and Appeals, Case Management, and Disease Management in accordance with CHA Policy and Procedure QM023 (Attachment A):

Director or Provider Relations
Member Services Director
Director of Quality Management
Director of Utilization Management, and
Chief Medical Officer/Medical Director

Additionally, the Quality Improvement Committee meets quarterly. The CCP status and barriers to compliance are standing agenda items for this committee.

Contracted networks and vendors, such as behavioral health, vision, and dental will comply with the CHA CCP to assure a culturally competent network of providers, consistent with the requirements of the Medicaid contract. The Provider Manual contains a description of the CCP. This manual is distributed to all providers when they are accepted into the network and is available online on the provider website portal. The complete CCP is also posted on the providers' website. Network providers are informed that they may request a hard copy of the CHA Cultural Competency Plan at no cost by calling CHA's Provider Relations Department.

The department Directors listed above will assure that all written member materials are available in a culturally competent manner. Initially, all member materials will be available in Spanish and in English.

CULTURAL COMPETENCY OVERVIEW:

Cross et al. (1998) defined cultural competence as a set of congruent behaviors, attitudes, and policies that come together in a system or organization and enable that system or organization to work effectively in multi-cultural situations.

The word **culture** implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word **competence** implies having the capacity to function effectively.

Five essential elements contribute to a system or organization's ability to become more culturally competent. These include:

1. Valuing diversity
2. Having the capacity for cultural self-assessment
3. Being conscious of the dynamics inherent when cultures interact
4. Having institutionalized cultural knowledge
5. Having developed adaptations to service delivery reflecting an understanding of cultural diversity



These five elements should be manifested at every level of a culturally competent organization including policy-making, administration, and practice. Further these elements should be reflected in the attitudes, structures, policies, and services of the organization. (**Reference:** Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). *Towards a Culturally Competent System of Care, Volume I*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.)

Understanding and addressing poor health literacy among some plan members has been identified as an important element in assuring organization-wide cultural competence. Other cultural barriers to full member participation that are addressed through policies and activities described in the CCP include:

- Less availability of providers in some minority areas may result in greater travel times and a limited choice of providers in some minority neighborhoods.
- Communication challenges between members and providers may result in a provider's inability to solicit a patient's impression or input about their illness, making effective care more difficult and increasing patient frustration. The provider may also be uncertain about the patient's compliance to treatment.
- Some members are not able to speak and/or read in English or Spanish.

Examples of negative health consequences that may result from lack of cultural competence include missed opportunities for screening due to unfamiliarity with the prevalence of conditions among certain minority groups, failure to take into account differing responses to medication, lack of knowledge about traditional remedies leading to harmful drug interactions, and diagnostic errors resulting from miscommunication.

USING THE CULTURAL COMPETENCY PLAN:

This CCP is organized around six core areas that represent the foundation for CHA-wide cultural competence and the activities associated with each of these areas: foster cultural competence, build community partnerships, collect diversity data, measure performance and evaluate results, reflect and respect diversity, and ensure effective communication and language access. Within each of the six areas, the CCP describes objectives and implementable activities planned to work toward each objective, as well as the measurable outcomes that will form the basis of the CCP evaluation.



Section II: Cultural Competency Plan

A. Foster Cultural Competence

Objectives	Action Plans	Outcomes
Cultural competency training materials are current and relevant	<ul style="list-style-type: none"> All cultural competency training materials for employees and providers will be reviewed annually (before September 1) and updated as needed to reflect CHA members 	<ul style="list-style-type: none"> Cultural competency training materials are marked with a revision date in the current year on or before September 1
Timely employee and provider cultural competency training	<ul style="list-style-type: none"> All employees will complete cultural competency training within one month of hire and an annual refresher training thereafter All providers will complete a cultural competency training within one month of approval as a network provider and an annual refresher training thereafter 	<ul style="list-style-type: none"> Date of cultural competency training documented for new hires Date of annual refresher training documented for all employees Date of new provider training documented Date of annual refresher training documented for all providers Percent of non-compliant new and refresher training reported to QI committee quarterly is \leq 5%
Contracted and subcontracted network vendors have active cultural competency plans in place in their organizations	<ul style="list-style-type: none"> Review cultural competency plans and most recent evaluation of such plans as part of the network vendor selection process Require new network vendors to develop cultural competency plans prior to providing services to CHA members; confirm that plans are in place and that 	<ul style="list-style-type: none"> Delegation Department checklist for new vendors includes confirmation of review of cultural competency plan by September 1, 2015 Each vendor's Delegation Department file (paper or electronic) includes a copy of



Objectives	Action Plans	Outcomes
	<p>vendor employees are appropriately trained through review of vendor documentation</p>	<p>their cultural competency plan</p>
<p>Services are delivered in a culturally competent manner</p>	<ul style="list-style-type: none"> • The Member Advisory Committee (MAC) meets at least one time each year (before September 1) and makes recommendations to the Quality Improvement Committee • The MAC includes a representative sample of enrolled members who use CHA services 	<ul style="list-style-type: none"> • There is a copy of minutes from at least one MAC meeting each year; attendance of enrolled member representatives is documented • QIC minutes include report from MAC at least one time each year
<p>CCP includes member input regarding demonstrated gaps in cultural competence</p>	<ul style="list-style-type: none"> • Include at least one item regarding each of the following on annual member survey: member’s ability to understand provider; member’s perception of provider’s ability to understand member; member’s perception of respectful treatment by providers and providers’ staff; member’s perception of respectful treatment by CHA employees in Enrollment, Member Services and Case Management 	<ul style="list-style-type: none"> • The annual member survey includes the listed items • Responses to cultural competency items on the annual member survey are maintained at an 80% or greater approval level

B. Build Community Partnerships

Objectives	Action Plans	Outcomes
<p>CHA recruits employees at Florida colleges and universities that primarily serve minority students</p>	<ul style="list-style-type: none"> • Recruit at the following Florida colleges and universities that primarily serve minority students: <ul style="list-style-type: none"> ○ Florida Memorial University (www.fmuniv.edu): Department of Social Sciences 	<ul style="list-style-type: none"> • Number of recruitment outreach activities with identified colleges and universities conducted in the year • Number of interviews generated from targeted recruitment



Objectives	Action Plans	Outcomes
	<ul style="list-style-type: none"> ○ Bethune-Cookman University (www.cookman.edu): incl. School of Nursing, College of Health Sciences ○ St. Thomas University, Biscayne College (www.stu.edu): Social Sciences and Counseling, Psychology ○ Edward Waters College (www.ewc.edu): Department of Social and Behavioral Sciences ○ Jones College (www.jones.edu): Allied Health Management Bachelor Degree Program ○ Carlos Albizu University in Miami (www.albizu.edu): Psychology; Human Services ○ Miami Dade College (www.mdc.edu): School of Nursing; School of Health Sciences ○ Florida A&M University (www.famu.edu): Nursing; Health Science; Health Care Management; Psychology; Social Work 	<p>outreach activities</p> <ul style="list-style-type: none"> ● Number of employees hired as a result of targeted outreach activities

C. Collect Diversity Data

Objectives	Action Plans	Outcomes
<p>Identify populations that are frequently served by CHA</p>	<ul style="list-style-type: none"> ● Maintain aggregate membership profiles sorted by Region (1-11) based on spoken language and race/ethnicity ● Develop and maintain aggregate profiles of members with specific diagnoses, including analysis by race/ethnicity 	<ul style="list-style-type: none"> ● Aggregate membership profiles are posted on the employee and provider web sites and updated at least one time each year ● Diagnosis-specific profiles are



Objectives	Action Plans	Outcomes
	<ul style="list-style-type: none"> • Make member profiles and prevalence data by race/ethnicity available to all Plan employees 	<ul style="list-style-type: none"> • posted on the employee and provider web sites and updated at least one time each year • Member profiles and prevalence data by race/ethnicity are made available to all employees through the annual QI evaluation, which is posted on the employee shared drive

D. Measure Performance and Evaluate Results

Objectives	Action Plans	Outcomes
Annual assessment of employee perceptions regarding internal cultural competence demonstrated by co-workers and management	<ul style="list-style-type: none"> • Develop/find a survey that addresses employee perceptions regarding internal cultural competence demonstrated by co-workers and management • Administer the survey as part of annual celebration of World Day for Cultural Diversity(May 21 each year) (see Section E) • Analyze and report on survey results to the QIC • Have managers discuss aggregate results in departmental meetings within one month following the survey 	<ul style="list-style-type: none"> • % of employees who perceive respectful interactions on the part of co-workers • % of employees who perceive their co-workers are being inclusive in their day-to-day interactions
Analyze performance data through the lens of cultural competency	<ul style="list-style-type: none"> • Report measures to the QIC quarterly 	<ul style="list-style-type: none"> • % of member complaints and grievances based on concerns regarding cultural competency



E. Reflect and Respect Diversity

Objectives	Action Plans	Outcomes
Ensure that all regions are supported by a CHA Provider Network, including specialists, which reflects the ethnic/racial profile of its membership.	<ul style="list-style-type: none"> • Coordinate with the CHA Provider Administration and Credentialing team to provide ongoing CCP related information for each region. • For regions where CHA may not be accepting additional providers, CHA will evaluate the cultural and linguistic needs of each member population before accepting or rejecting any additional providers. 	<ul style="list-style-type: none"> • Percentage of members with a specific cultural, racial and language preference compared to its Provider Network in that region.
Ensure that 100% of Delegated Network Vendors offer culturally competent services to all CHA members as specified in the CCP.	<ul style="list-style-type: none"> • Have all Delegated Network Vendors submit an attestation or a copy of their current CCP in place. 	<ul style="list-style-type: none"> • Percentage of delegated network vendors who have a CCP in place.
Provide visibility for importance of diversity and cultural competence	<ul style="list-style-type: none"> • Observe World Day for Cultural Diversity (WDCD) for Dialogue and Development (5/21/2016) through communication with employees, providers and vendors using materials provided by the United Nations and UNESCO for this annual event • Post posters/notices in CHA office break rooms that encourage the celebration of cultural diversity and emphasize the importance of cultural competence 	<ul style="list-style-type: none"> • Number of employees participating in a WDCD activity (5/21/2016). • Each break room in any CHA office has a poster that encourages celebration of cultural diversity as of 9/1/2015


F. Ensure Effective Communication and Language Access

Objectives	Action Plans	Outcomes
Assess service and language needs for members	<ul style="list-style-type: none"> • Assure that language preference and need for translation services is addressed in every interaction between CHA 	<ul style="list-style-type: none"> • Percent of members in enrollee database with a specified language preference



Objectives	Action Plans	Outcomes
	<p>employees and members</p> <ul style="list-style-type: none"> Assure that there is a centralized location for information regarding each member's language preference and need for translation services, as well as the most recent date this information was updated 	<ul style="list-style-type: none"> Percent of members in enrollee database with a specified language preference other than English or Spanish with a notation that translation services are needed
<p>Provide effective language access services, including interpreters and printed materials in multiple languages that reflect the cultural/ethnic/racial composition of the member population</p>	<ul style="list-style-type: none"> CHA offers translation services that are accessible and free to members at all points of service delivery, including providers' offices, hospitals, etc. Members are advised that translation services are available and informed regarding how to request this service. All member materials are available in English and Spanish; materials will be available in other languages whenever at least 5% of members in a service region prefer a specific other language. 	<ul style="list-style-type: none"> Number of requests for translation services Timeliness of response to requests for translation services Information about how to access translation services is included in the Member Handbook and posted on the member website
<p>Assure that all programs include strategies to address linguistic differences</p>	<ul style="list-style-type: none"> Staff in Member Services, Grievances and Appeals, Case Management and Disease Management speak English and many are bi-lingual in Spanish and/or Creole The CHA provider network includes providers who speak Spanish and Creole, in addition to English 	<ul style="list-style-type: none"> Percent of staff who speak languages in addition to English Percent of providers who speak languages in addition to English

ATTACHMENT A

POLICY AND PROCEDURE		
	DEPARTMENT: Quality Management	Policy#: QM023
	Reference: AHCA Health Plan Contract, Contract 42 CFR 438.206	Effective Date: 06/1/2010 Revised Date: 03/21/2011, 11/18/2011, 09/01/2012, 6/1/2014,
	SUBJECT: Cultural Competency Plan (CCP)	

Date: 6/1/2014	Reviewed/Approved by: Lila Labarces	Title: Director of Quality Management
Date: 6/1/2014	Reviewed/Approved by: Barbara Cowley, MD	Title: Chief Medical Officer

A. Policy

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B. Responsibility

It is the responsibility of the following department heads to assure that members have access to a culturally diverse provider network and Plan staff in the areas of Customer Service, Grievance and Appeals, Case Management, and Disease Management: Director of Provider Relations, Member Services Director, Director of Quality



Management, Director of Utilization Management, and Chief Medical Office/Medical Director.

The Quality Improvement Committee meets quarterly. Status of the CCP, barriers to compliance and appropriate improvement strategies are standing agenda items for this committee.

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C. Assuring Cultural Competency

CHA will address cultural competency around six core areas that represent the foundation for CHA-wide cultural competence and the activities associated with each of these areas as specified in the annual CCP: foster cultural competence, build community partnerships, collect diversity data, measure performance and evaluate results, reflect and respect diversity, and ensure effective communication and language access.

D. Evaluating Cultural Competency

CHA will conduct ongoing evaluation of the effectiveness of the CCP. Semi-annually a report will be submitted to the QIC for review. In compliance with contractual requirements, an annual evaluation will be submitted on June 1 of each year.

E. DEFINITIONS

Cultural Competency: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work among cross-cultural situations. (University of Maryland-School of Public Health)

CHA members are entitled to confidentiality of Protected Health Information (PHI). The QM Department will ensure that all member documents containing personal and medical data are maintained in a confidential manner compliant with HIPAA Privacy Regulation and all state and federal confidentiality regulations.