Cultural & Linguistic Competence Plan

Expanding Connections for Members and Families

2018
Expanding Connections for Members and Families

Submitted to Florida’s Agency for Health Care Administration for Approval

For Implementation in 2018

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Executive Summary

The CMS Managed Care Plan is a MMA Specialty Plan for children up to age 21 with special health care needs. The Children’s Medical Services Managed Care Plan (CMS Plan) of Florida contracts with the Pediatric Integrated Care System (Ped-I-Care) at The University of Florida (UF) and the Community Care Plan (CCP) and operates as one plan. CMS Plan administers health insurance benefits for children with special health care needs (CSHCN) whose families qualify by income and clinical eligibility. Fundamental to the provision of quality medical services is its commitment to culturally and linguistically competent services. As legislated by the Patient Protection and Affordable Care Act (ACA) of 2014, and as stipulated specifically in the Medicaid Managed Assistance (MMA) contract with the CMS Plan, this plan describes how members’ needs are met using appropriate tools, training items, support materials, and methods of annual evaluation.

Cultural competence is an authentic grasping of the attitude that every individual has worth and as such their dignity must be respected and preserved. In pursuit of this vision, CMS Plan leverage a 5-pronged approach to the provision of culturally and linguistically competent services.

This approach involves:

- **Appropriate Delivery of Care and Services**
  - The CMS Plan is well-staffed to meet the known linguistic preferences of its members. Additionally, its staff are representative of the larger populations within which they are situated. Staff and leadership are actively involved in a variety of community-based activities.
- **Linguistic and Communicative Tools**
  - Language lines, translation services, and TTY/TTD services are used to meet the linguistic needs of members.
- **Education and Training**
  - CMS Plan employees, as well as providers, may choose from 3 training sources made freely available online and via hard copy.
  - A resource toolkit of supplemental sources and support is also made available to enhance the CLC efforts of all who interact with CMS Plan clients.
- **Continued Research**
  - The CMS Plan is actively involved in furthering the progress of CLC care, by way of self-examination, regular evaluation of scholarly and industry material, and contributions to local, regional, and national discussions on the topic. The conceptual footprint described in this plan have been presented and discussed at national conferences and made available for Continuing Medical Education credits at a 2014 Association of American Medical Colleges’ (AAMC) meeting. It has also been presented in numerous venues to various groups at The University of Florida.
- **Strategic Planning**
  - Annual evaluation of this plan will be conducted using the Cultural & Linguistic Competence Self-Evaluation and Measurement Form (CLC-SEM©), data from the annual
Consumer Assessment of Health Providers & Systems (CAHPS) annual survey conducted by The Institute for Child Health Policy (ICHP) at UF, and member feedback.

**Introduction**

Cultural and Linguistic Competence (CLC) is now considered the core and foundation of professional behavior. Programs, providers, and practitioners must build CLC into all aspects of their learning requirements. As defined by Terry Cross, et al in their 1989 monograph, cultural competence is, "...a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum." Within this continuum exist, “...at least six possibilities between two extremes...,” which include cultural destructiveness, cultural incapacity, cultural blindness, cultural pre-competence, cultural competence, and cultural proficiency.

The Affordable Care Act (ACA) of 2014 mandates CLC care for all entities receiving federal government dollars. Within the act are 36 references to the law, with most instances referring to provider-to-patient communication. Some instances cite a requirement for health care workers to receive CLC training, and in every case, CLC must be planned, taught, and measured. While CLC activities, as mandated by law, were initiated by the ACA, their salience and importance is neither diminished nor deterred by any subsequent act of law, such as repeal and/or replacement of ACA. Working to improve cultural and linguistic competence, on a continual basis, is simply the right thing to do.

The pursuit of cultural and linguistic competence, as relevant to the delivery of health care services through CMS Plan, is an ongoing process in which the program, its providers, and employees continually improve their understanding of members’ needs, abilities, and interests pertaining to the provision of health care for their families. While cultural competency might begin with policies, procedures, and laws, it is only realized through earnest and sincere efforts to interact with respectful professionalism and an approachable, warm demeanor. It is an authentic grasping of the attitude that every individual has worth and as such their dignity must be respected and preserved.

Since at least 2009, CMS Plan members and their families have reported high levels of member satisfaction as well as access to care. While these and additional agenda items continually improve, the role of CLC is central to the success of both organizations’ internal structure, management style, and service delivery. This plan, then, is designed to both support and strengthen member and patient experiences as relating to interactions with providers, each of the health plans, and CMS Plan itself. The plan is constructed with a set of goals pertaining to each of the above expectations, and it additionally addresses the expectations of both the National Center for Cultural Competence (NCCC) and the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health. The CMS Plan is committed to providing safe, quality, cost-effective, patient and family centered care, with the goal of improving the health of the population it serves.

Within the CMS Plan, systems have been developed to ensure care is effectively provided 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. Each CLC system serves to protect and preserve the
dignity of each by approaching communication from the perspective of members’ needs, abilities, and expectations. Additionally, the integrated care systems are greatly strengthened in their approaches to CLC care by drawing on the unique geographical positioning and region-specific cultural knowledge that each organization brings to the table, knit carefully together by their common commitment to excellence for the CMS Plan. This commitment is outlined in the 2018 Cultural & Linguistic Competence Plan described herein.

Mission & Values

Mission
The aspects of cultural competency relevant to the CMS Plan’s mission are: 1) to recognize, evaluate, and embrace the specific needs of each individual with whom we communicate; 2) to speak, behave, and function in ways which enhance and elevate mutual respect and understanding; and 3) to regularly evaluate our own performance and update policies, training, and actions accordingly.

Values
The values upon which the CMS Plan’s mission (and its subsequent cultural competency plan) are based include: 1) the belief that all individuals are created equally; 2) the recognition that everyone deserves to be heard, understood, and considered; 3) the understanding that while cultural competency might begin with policies, procedures, and laws, it is only realized through earnest and sincere efforts to interact with respectful professionalism and an approachable, warm demeanor.

Purpose
This plan is designed to address, in both broad and specific manners, the communicative and cultural needs and expectations of the members served by the plan. In so doing, the CMS Plan meets the requirements of its contract with Florida’s Agency for Health Care Administration (AHCA), the tenets of truth relevant to CLC described and taught by the National Center for Cultural Competence at Georgetown University, the National Culturally and Linguistically Appropriate Services in Health and Health Care described by the US Health and Human Services’ Department of Minority Health, and the Affordable Care Act of 2014.

CMS Plan has staff available to meet the known cultural and linguistic needs of its populations. These staff members provide culturally sensitive information and the linguistic skills required for meeting the needs of members. If staff are not available for a non-prevalent language, outside interpretation services are used to meet the need of the individual enrollee.

Network providers are educated on the availability of interpretation services.
Who We Are: CMS Plan Leadership & Staff
The CMS Plan along with its partners, Ped-I-Care and CCP, have staff available to meet the known cultural and linguistic needs of its populations. These staff members provide culturally sensitive information and the linguistic skills required for meeting the needs of members. If staff are not available for a non-prevalent language, outside interpretation services are used to meet the needs of the individual enrollee. The CMS Plan staff received annual training and education on Cultural Competency and network providers are educated on the availability of interpretation services.

The organizations’ Provider Credentialing Application includes a question about other languages spoken by providers to indicate their linguistic diversity – this information is used in the provider directory for informational purposes to enrollees. This information is available via the CMS Plan, Ped-I-Care, and CCP websites and are updated periodically. The delivery of care and services is examined through the lens of cultural and linguistic competence via quality methods such as Performance Improvement Plans (PIPs), medical record reviews, member satisfaction surveys, and provider satisfaction surveys.

Who We Serve: Our Member Population
The Institute for Child Health Policy (ICHP) at UF annually surveys CMS Plan members and their families, querying demographics, customer satisfaction, patient-centered care, and other domains inclusive within the Consumer Assessment of Healthcare Providers and Systems (CAHPS)\(^8\) assessment. In so doing, it also captures demographic information for assistance in understanding the cultural and linguistic characteristics and needs of its member population. Demographic information for enrollees’ the 2014-2015 contract period includes the following data elements:

- 78% of caregivers spoke English as their primary language, 20% spoke Spanish as their primary language, and 2% spoke a language other than English or Spanish as their primary language;
- 47% of caregivers were classified as, “High School Graduate or Less,” while 39% were classified as having, “Some College,” and 15% were classified as, “4 Year College Graduate or More;”
- 92% of respondents were female; and
- 37% were in the age range of 35 to 44.

Enrollee demographics indicate:
- 64% were male;
- 62% were white;
- 34% were black; and
- 66% were non-Hispanic.

How does CMS Plan provide culturally and linguistically competent care?
- Appropriate Delivery of Care and Services
  - Both ICS plans are well-staffed to meet the known linguistic preferences of its members. Additionally, its staff are representative of the larger populations within which they are situated.
Providers are expected – and legally required – to provide services in a culturally and linguistically competent manner. There is much work to be done in meeting these expectations. Even so, the medical community can and will meet these expectations if it embraces the essence of CLC as providing the most appropriate care to each individual. Those who practice patient-centered communication/care are likely already providing CLC care. CMS Plan encourages providers to listen to the enrollees’ opinions in considering treatment options, and its free training is structured to communicate and address this commitment.

CMS Plan regularly reviews the number of providers who speak a language other than English. This is specifically examined within the context of geographic and known demographics of each area. The provider directories list the languages that each provider speaks.

If the language and/or cultural needs of the enrollee are known to CMS Plan, it shall assign the enrollee to a PCP who is or has office staff who are best equipped to communicate with and provide care to the enrollee, based on known languages spoken and other relevant factors reflective of the enrollee’s expressed needs.

The CMS Plan seeks feedback from families and youth related to healthcare delivery to children with special healthcare needs.

- **Linguistic and Communicative Tools**
  - Ped-I-Care’s member services department is adequately staffed to meet the needs of members whose family members only speak Spanish. Additionally, member services personnel are equipped and informed of ways in which members and their families may reach translators and interpreters should they require assistance in a language other than English or Spanish. TTY/TDD services are also available.
    - A T & T Language Line
      For interpretation and translation – 140 languages
      Phone: 1-800-367-9559
      Code: 580203
    - For TTY/TDD services: 1-800-955-8771
  - CCP’s member services departments are able to communicate with enrollees in English, Spanish, and Creole, as Spanish and Creole languages and cultures are the most prevalent in the CCP service area. The interpreter phone service is a secondary language access service that allows the health plan to communicate with enrollees who speak languages other than English, Spanish, or Creole. Each of the subnetworks of CCP uses a different interpreter phone service vendor which is listed below:
    - CMS T19: 1-866-209-5022
    - CMS T21: 1-866-202-1132
CCP’s first contact with each enrollee begins with a welcome Letter. The mailings are in English and Spanish, the prevalent languages in Miami-Dade and Broward Counties. Within each letter is a special adage that states that materials are available in other languages or formats if needed.

Websites available to assist all CMS Plan members and providers with translation services, including but not limited to:

- A US Census Bureau document entitled, “I Speak,”\(^{10}\) that has the following statement in 38 languages: “Mark this box if you read or speak (language).” This is available at [http://www.justice.gov/crt/about/cor/Pubs/iSpeakCards.pdf](http://www.justice.gov/crt/about/cor/Pubs/iSpeakCards.pdf).
- The Florida Agency for Workforce Innovation offers a document with the following statement in 21 languages: “If you do not speak English, or if you are deaf, hard of hearing, or sight impaired, you can have interpreter and translation services provided at no charge. Please ask for assistance.”\(^{11}\) This is available at [http://www.floridajobs.org/PDG/PostersforEmployers/IS%20Poster%2011x17.pdf](http://www.floridajobs.org/PDG/PostersforEmployers/IS%20Poster%2011x17.pdf).
- An online resource that provides an index to more than 6,900 known living languages\(^{12}\) is [http://www.ethnologue.com/web.asp](http://www.ethnologue.com/web.asp).

**Education and Training**

- The goals of this plan are such that CMS Plan employees and its network of providers, liaisons, and affiliates will be able to access the same basic training and growing list of health literacy, health equity, cultural humility, and cultural competency resources. The aim is to increase awareness and appreciation of customs, values and beliefs, and the ability to incorporate them into the assessment of, treatment of, and interactions with enrollees.
- Training has been developed to educate employees and providers in the requirements of laws and standards; definitions and understanding of the nature of CLC; and how CLC intersects with PCC for the provision of high-quality, efficient, and appropriate care. This training\(^{13}\) is freely available, online, at [http://pedicare.pediatrics.med.ufl.edu/files/2015/03/Cultural-and-Linguistic-Competence-Training-Spring-2013.ppt](http://pedicare.pediatrics.med.ufl.edu/files/2015/03/Cultural-and-Linguistic-Competence-Training-Spring-2013.ppt).
- Staff are required upon hire to complete Cultural and Linguistic Competence training. Contracted Providers’ offices are responsible for providing cultural competency training for all office personnel and staff; 3 training resources are made available to providers for their use if they choose. There is no cost to access this training.
- Employees and providers may additionally access educational and support materials listed in the resource toolkit. This toolkit is organized to include web-based, print, and telephonic sources relevant to CLC goals.
- Employees may additionally access information such as trauma, informed care, and motivational interviewing that will help build on their cultural competence skills.

**Strategic Planning**
Encompassing principles of health literacy, health equity, and cultural humility in all CMS Plan Policies.

CMS is developing a Family Engagement Strategic Plan, that includes input from family representatives in the CMS area offices.

- **Continued Research**
  - CMS Plan will complete an annual evaluation of the effectiveness of its CLC plan. This will involve consideration of provider and member feedback via the CLC complaint resolution tool; annual ICHP survey results; and the CLC-SEM tool.
  - When appropriate and feasible, CMS Plan or its partners will contribute to local, regional, and/or national scholarly discussions on the topic of CLC.

The goals of this plan are such that CMS Plan employees and its network of providers, liaisons, and affiliates will be able to access the same basic training and growing list of health literacy and cultural competency resources. The aim is to increase awareness and appreciation of customs, values and beliefs, and the ability to incorporate them into the assessment of, treatment of, and interactions with enrollees.
Goals and Evaluation for 2017

In response to the above review and findings, CMS Plan will expand upon its resource guide for each of the 67 counties in Florida; when updated and approved by AHCA it will be made accessible to members, providers, CMS Plan Nurse Care Coordinators, and others via the ICSs’ website. The guide will include items which speak to areas of quality enhancement described in the Medicaid expansion project.

The resource guide topics will include:

- Parenting support
- Youth mentoring
- Language assistance
- Pregnancy prevention
- Prenatal care
- Tobacco cessation
- Assistance for those who are homeless
- Prevention of domestic violence and assistance for its victims
- Prevention of and treatment for juvenile delinquency
- Prevention and treatment of alcoholism and substance abuse
- Financial guidance and support
- Prevention of and assistance with addressing obesity

CMS Plan will additionally continue to:

- Require all new employees to complete CLC training;
- Hire additional Spanish-speaking member services staff as necessary;
- Provide member materials at the fourth-grade level;
- Maintain a website that is Section 508 compliant;
- Offer member services assistance in the language of member preference, at no charge;
- Maintain a TTY/TDD line for members with hearing impairments; and
- Make its plan freely available online and in hard copy format at no charge.

Evaluation

Annual evaluation of this plan will be conducted using the Cultural & Linguistic Competence Self-Evaluation and Measurement Form (CLC-SEM©) as well as data from the annual CAHPS survey. It is noted that while the annual surveys are routinely conducted to evaluate the previous year, the detailed data reports encapsulating these findings are not distributed to the ICSs until the following service year. As such, there will not be a one-to-one chronological correlation to match with the plans’ annual self-evaluation. The data are nevertheless rather valuable, and used to guide policy and decision making regardless of the time at which they are received. Data for evaluation of the 2015-2016 service year would likely be delivered to the ICS plans 6 months to 1 year after the 2017 revised CLC plan is due. At the time of the writing of this 2018, those data were not yet distributed to CMS Plan. Data from the 2014-2015 evaluation period, then, are continued to be used in its absence.

The CMS Plan tracks cross-cultural complaints and grievances and is prepared to implement interventions as concerns are brought to the attention of staff members. Through a comprehensive evaluation of the 2014-2015 period, no issues of this nature have been identified. Moreover, no complaints or grievances related to cultural and/or linguistic competence have ever been received by either organization (Ped-I-Care and CCP). The CMS Plan will continue to promote cultural competent
communication and service delivery within, throughout, and across our networks. CMS Plan Annual Evaluation can be found as Exhibit A.

Summary
With strong individual foundations in CLC and long-standing, positive relationships amongst CCP, Ped-I-Care, and CMS Plan, the CMS Plan is well-poised to move forward along the cultural competence spectrum. In the 2018 contract year period, members will enjoy expanded access to information on community-based resources designed to meet needs across various facets of their lives. As a means by which to connect members and families to mentoring and support services, the county-by-county resource guide will additionally align CMS Plan activities with Quality Enhancement stipulations named in the MMA contract. As such, the cultural and linguistic competence plan for CMS Plan addresses members’ and families’ health care and other needs.
References


EXHIBIT A

Children’s Medical Services Managed Care Plan (CMS Plan)  
Cultural & Linguistic Competence Plan Annual Self-Evaluation – 2018©

Submitted June 1, 2017

This self-evaluation of the Children’s Medical Services Managed Care Plan’s (CMS Plan) Cultural & Linguistic Competence (CLC) plan is organized to reflect the program’s understanding of its member population; the program’s planned and supplementary CLC activities in 2017; its analysis of its own functioning and improvement; and summary analyses relevant to all items.

How does CMS Plan measure its CLC efforts?
CMS Plan measures its CLC efforts via methods which are reflective of and appropriate for the approaches taken in providing CLC care. Specifically, the plan uses an in-house tracking tool, information from annual member surveys, and a program-specific self-evaluation tool to examine and analyze its ongoing CLC activities and effectiveness, as described below.

These methods include:

1. Member Services’ Tracking of CLC-Related Items
   As noted in the 2016 CLC plan, Ped-I-Care developed the Cultural & Linguistic Competence Complaint Resolution Tool (CLC-CRT©) for use in identifying, addressing, and resolving any issues reported by members relevant to CLC. To date, no complaints or grievances have been received specific to this line of measurement to either of the Integrated Care Systems (ICSs) operating under contract to CMS Plan.

   The ICSs work diligently with local, state, and national leaders to understand the dynamics of patient-centered communication, patient-centered decision making, and linguistically competent services so that all members and their families may enjoy benefits designed to meet their individual needs.

2. Review of Member Satisfaction Surveys
   Member satisfaction and quality of care measurements for CMS Plan indicate that the ICSs are performing well overall in areas relating to cultural and linguistic competence.

   Of note:
   • The Health Plan Information and Customer Service composite scores indicate CMS Plan exceeded the national benchmark for customer service;


- 92% of enrollees’ caregivers reported that their child’s personal doctor understands how medical, behavioral, or other health conditions affect their child’s day-to-day life; and
- 93% of caregivers reported that they receive needed information regarding care for their child.

3. Cultural and Linguistic Competence Self-Evaluation Measurement (CLC-SEM)

The CLC-SEM has been developed in-house for use by Ped-I-Care in analysis and evaluation of CMS Plan’s CLC work. As shown in the legend below, the tool measures CMS Plan’s activities and success against standards established and developed by foundational scholars within the field and leading national experts at the National Center for Cultural Competence at Georgetown University. Each category of analysis describes goals, activities, and outcomes as well as specifics and discussion relevant to the activities themselves. The 2017 evaluation is shown below.
<table>
<thead>
<tr>
<th>Administrative and Organizational Items</th>
<th>Cross, et al Standards</th>
<th>NCCC Applications</th>
<th>CLC Indicators</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Goal</strong></td>
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<tr>
<td>Provide services to people of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes, values, affirms, and respects the worth of individual enrollees and protects and preserves the dignity of each</td>
<td>B, S, A, P, R</td>
<td>V, C, M, I, A</td>
<td>Cultural Proficiency</td>
<td>At CMS Plan, Cultural and Linguistic Competence (CLC) is valued and viewed as the basis of all professionalism. It is not an addition to the spectrum of professionalism, but rather a measurement of the level of professionalism within an organization and its individual employees. This idea was shared at a 2014 regional conference of the Association of American Medical Colleges.</td>
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<td>Provide ongoing and appropriate levels of support to employees, providers, and third parties as appropriate</td>
<td>B, S, A, P, R</td>
<td>V, C, M, I, A</td>
<td>Cultural Proficiency</td>
<td>CMS Plan makes its web-based CLC training available to all employees and providers within the network. The training has been adopted for implementation in UF’s online library of compliance training resources. The CMS Plan CLC plan and resource compendium is available online and in hard copy form, free of charge, upon request.</td>
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<td><strong>Activities</strong></td>
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<tr>
<td>Assurance of access to timely, appropriate, quality care for members</td>
<td>B, S, A, P, R</td>
<td>V, C, M, I, A</td>
<td>Cultural Proficiency</td>
<td>CMS Plan contractually requires - and monitors - all networked providers to maintain facilities that are easily accessed using a wheelchair or other assistive device. Additionally, the organization routinely audits facilities for timeliness and availability of appointments for program members. CMS Plan will not contract with a provider or practice whose facilities or administrative infrastructure are non-compliant with ADA (Americans with Disabilities Act) requirements.</td>
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<tr>
<td>Patient- and family-centered communication (PCC)</td>
<td>B, S, A, P, R</td>
<td>V, C, M, I, A</td>
<td>Cultural Proficiency</td>
<td>PCC and its close relationship to CLC provide the framework within which customer service communications take place. As explained in CMS Plan’s CLC training module, providers and practitioners practicing PCC are likely already functioning in a CLC manner.</td>
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<td>Patient- and family-centered decision making</td>
<td>B, A, P, R</td>
<td>V, C, M, I, A</td>
<td>Cultural Proficiency</td>
<td>As noted in QUMC meetings and business publications, all decisions made by CMS Plan are based on what is best for the patient, relative to their cultural, linguistic, and socioeconomic needs. Bi-weekly behavioral health calls are an example of this approach: Members at high risk are discussed with professionals involved in their care, so that the least restrictive, most appropriate, medically necessary measures may be taken to help each child. Case workers, clinicians, and CMS Plan staff share knowledge of community-based resources that may be of assistance to each member and their family.</td>
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<tr>
<td>Distribution of Member Handbook to all members and families which explains whom to call for any type of assistance, including communication relevant to plan participation and provider interactions</td>
<td>B, R</td>
<td>V, M</td>
<td>Cultural Competence</td>
<td>Handbook is regularly updated to reflect program additions, edits, and other changes.</td>
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<td>Written member communications at the Flesch-Kincaid fourth-grade level</td>
<td>B, R</td>
<td>V, M, A</td>
<td>Cultural Competence</td>
<td>Member newsletters have included information on lead screening (a Performance Improvement Project) as well as ways to effectively use the Internet for health information (sites to trust, sites to avoid, sites to review with caution), how to discuss one's findings with providers, the importance of regular child health check-ups, and how to make healthy nutritional choices.</td>
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<td>Ability to offer materials and communication in Braille</td>
<td>B, P, R</td>
<td>V, M, A</td>
<td>Cultural Competence</td>
<td>Availability is described in member materials, including the website.</td>
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<tr>
<td>Ability to communicate via TDD/TTY</td>
<td>B, P, R</td>
<td>V, M, A</td>
<td>Cultural Competence</td>
<td>Availability is described in member materials, including the website.</td>
</tr>
<tr>
<td>Certified translation and interpretation services available</td>
<td>B, P, R</td>
<td>V, M, A</td>
<td>Cultural Competence</td>
<td>CMS Plan's members benefit from the program's close ties to and natural network with international leaders in health communication, CLC, and health policy and planning, located on the same campus as the executive offices of the program itself. Furthermore, Children's Medical Services (CMS) allows CMS Plan to use their Language Line Services for immediate access to interpreters to speak on the phone with members of any language.</td>
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<td>Availability of materials in Spanish or any language as requested by member or family; strong preference for hiring member services staff who speak both Spanish and English</td>
<td>B, P, R</td>
<td>V, M, A</td>
<td>Cultural Competence</td>
<td>Member services is able to communicate with members in the language of their preference. Staffing reflects known and projected needs of the member population.</td>
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<tr>
<td>Proactive community resource connection to the University of Florida Disability Resource Center for navigation and brokering of unanticipated CLC needs, as they arise (e.g. if a member needs services in Tagalog)</td>
<td>B, S, R</td>
<td>V, M, I, A</td>
<td>Cultural Competence</td>
<td>CMS Plan members benefit from the program's close ties to and natural network with international leaders in health communication, CLC, and health policy and planning, located on the same campus as the executive offices of the program itself.</td>
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<tr>
<td>Provision of wraparound services including transportation</td>
<td>B, S, A, P, R</td>
<td>V, M, A</td>
<td>Cultural Competence</td>
<td>CMS Nurse Care Coordinators work with each family to make sure services are appropriate to each family's needs.</td>
</tr>
<tr>
<td>Regular meetings of a focused working group comprised of nurses, Quality and Compliance manager, case workers, appropriate executives, and specialized medical leadership for children with repeated and serious BH diagnoses and conditions</td>
<td>B, S, A, R</td>
<td>V, M, A</td>
<td>Cultural Competence</td>
<td>Significant improvements have been seen in the lives of the children served by CMS Plan as a result of this intervention.</td>
</tr>
<tr>
<td>CLC training required of all employees and made available to all providers and appropriate third parties; training is specific to communicative and cultural considerations of our population; it is inclusive of didactic, interactive, and reflective instruction</td>
<td>B, S, A, P, R</td>
<td>V, C, M, I, A</td>
<td>Cultural Proficiency</td>
<td>Positive feedback from employees on salience and value of the training relevant to their day-to-day duties at CMS Plan; training regularly updated to reflect continual feedback from affected stakeholders.</td>
</tr>
<tr>
<td>Reservation of Advisory Board seat for parent member representative</td>
<td>B, S, P, R</td>
<td>V, M, I, A</td>
<td>Cultural Competence</td>
<td>Parent member representative has been recruited to Advisory Board.</td>
</tr>
</tbody>
</table>

**Methods of Evaluation**

<p>| Telephone surveys conducted by the Institute for Child Health Policy and analyzed via rigorous statistical analyses; comparisons drawn to similar network in different region | B, R | V, C | Cultural Competence | Surveys include Consumer Assessment of Healthcare Providers and Systems (CAHPS) questions as well as demographics and other items. |
| Provider surveys | B, R | V, C | Cultural Competence | Provider satisfaction is central to CMS Plan's success. |</p>
<table>
<thead>
<tr>
<th>Feedback from members, providers, and other clients</th>
<th>B, R</th>
<th>A, C</th>
<th>Cultural Competence</th>
<th>All parties involved with CMS Plan have the opportunity and are regularly invited via formal and informal methods to send feedback on performance and areas of improvement. Such information is used for the improvement and expansion of the program, to ultimately benefit the members it serves.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Input from employees and advisory board members</td>
<td>B, R</td>
<td>A, C</td>
<td>Cultural Competence</td>
<td>CMS Plan is interested in continual improvement and seeks the opinions of internal, community-based, and member-based stakeholders, as well as scholarly leaders and AHCA employees. The board is diverse in membership and notably unified in purpose.</td>
</tr>
<tr>
<td>Monitoring of any CLC-related complaints, as well as employee and management responses to those complaints</td>
<td>B, S, A, P, R</td>
<td>V, C</td>
<td>Cultural Competence</td>
<td>Since implementation of the first CLC plan for CMS Plan, no CLC-based complaints have been received.</td>
</tr>
<tr>
<td>Results</td>
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<tr>
<td>Routinely high member satisfaction as measured by annual surveys of members’ caregivers</td>
<td>B, S, A, P, R</td>
<td>V, C, M, I, A</td>
<td>Cultural Proficiency</td>
<td>In 2009 member satisfaction was at 91% and served as the subject of a scholarly article in the journal Pediatrics. Satisfaction and other scores have continued to climb. For contract year period 2012-2013, it is noted that 98% of members feel CMS Plan is the right plan for their child. Ninety-six percent would recommend the plan to the friends and family.</td>
</tr>
<tr>
<td>Several employees speak Spanish, including member services and provider liaison staff members</td>
<td>B, S, A, P, R</td>
<td>V, M, I, A</td>
<td>Cultural Competence</td>
<td>Linguistic diversity among CMS Plan staff is reflective of that within the member population.</td>
</tr>
<tr>
<td>Members’ communication needs are met by bilingual employees and the availability of additional services if/when necessary.</td>
<td>B, S, A, P, R</td>
<td>V, M, I, A</td>
<td>Cultural Competence</td>
<td>Language and other communicative assistance is available to all members; this is noted in the member handbook and prominently noted on the website.</td>
</tr>
<tr>
<td>Infrastructural Self-Analysis and Due Diligence</td>
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<tr>
<td>Goals and Activities</td>
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</tr>
<tr>
<td>CLC viewed and valued as the basis of all professionalism</td>
<td>B, S, A, P, R</td>
<td>V, C, M, I, A</td>
<td>Cultural Proficiency</td>
<td>While many health insurance plans, medical education programs, and provider practices are struggling with the definition and placement of CLC in their individual spheres, CMS Plan offers training, guidance, and leadership in this area via its view of the field of study and its importance to health care itself.</td>
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## Methods of Evaluation

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<tbody>
<tr>
<td>All employees, not just member services, are CLC trained; training is implemented throughout system and made easily available via the web to providers, practitioners, and appropriate third parties</td>
<td></td>
<td></td>
<td>Cultural Competence</td>
<td>This practice is reflective of the National Center for Cultural Competence's (NCCC) doctrine which states that to be truly culturally competent, an organization must institute policies and practices at all levels within the system.</td>
</tr>
<tr>
<td>Individual, workplace, and environmental analysis and reflection</td>
<td>B, R</td>
<td>V, C, A</td>
<td>Cultural Competence</td>
<td>Since CLC exists on a spectrum, CMS Plan is in a state of constant reflection, analysis, and subsequent self-improvement.</td>
</tr>
<tr>
<td>Conduct respectful communications in public and behind closed doors</td>
<td>B, A R</td>
<td>V, C, M, I, A</td>
<td>Cultural Competence</td>
<td>Staff meetings, Quarterly Utilization &amp; Management Committee (QUMC) meetings, employee counseling, and other practices reflect CMS Plan's commitment to cultural competence.</td>
</tr>
<tr>
<td>Fairness and equity in hiring and promotion practices</td>
<td>B, S, A, P, R</td>
<td>V, I, A</td>
<td>Cultural Competence</td>
<td>Hiring and promotion practices are based upon individual qualifications and experience; in keeping with all Equal Employment Opportunity Commission (EEOC) and Americans with Disability Act (ADA) requirements.</td>
</tr>
<tr>
<td>Accessible workplace</td>
<td>B, S, A, P, R</td>
<td>V, M, I, A</td>
<td>Cultural Competence</td>
<td>The program’s physical capacities allow for those of all abilities to successfully navigate the work environment.</td>
</tr>
<tr>
<td>Opportunities for further training and advancement</td>
<td>B, S, P, R</td>
<td>C, I</td>
<td>Cultural Proficiency</td>
<td>Employees are strongly encouraged to take part in the numerous and ongoing educational opportunities. CLC-related opportunities are part of the menu available to employees.</td>
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## Results

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<tbody>
<tr>
<td>Workplace environment adjusts to meet employees’ interests and needs</td>
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<td>Cultural Competence</td>
<td>Continual evaluations of challenges and motivations of employees; workplace and other adjustments as appropriate.</td>
</tr>
<tr>
<td>Several staff members who speak Spanish</td>
<td>B, S, A, P, R</td>
<td>V, C, M, I, A</td>
<td>Cultural Competence</td>
<td>Bilingual employees are highly valued and sought after, to best meet the needs of our member population.</td>
</tr>
<tr>
<td>Internal promotions</td>
<td>B, S, A, P, R</td>
<td>C, I</td>
<td>Cultural Competence</td>
<td>When appropriate, CMS Plan employees are promoted to further their contributions to meeting the needs of our member population.</td>
</tr>
<tr>
<td>Employees working toward and earning degrees</td>
<td>B, S, A, P, R</td>
<td>C, I</td>
<td>Cultural Proficiency</td>
<td>Several employees have either earned or are working towards Master degrees. Many have advanced credentials and certifications relevant to the field.</td>
</tr>
<tr>
<td>Expanded skills sets of employees</td>
<td>B, S, A, P, R</td>
<td>c, I</td>
<td>Cultural Proficiency</td>
<td>As training is made available and attended by employees, and as time passes with the same employees in the program, members' needs are better met via heightened reflection and professional maturation of those who've learned from and been inspired by years of experience with the program.</td>
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<tr>
<td>Continual efforts to improve and expand on existing success</td>
<td>B, S, A, P, R</td>
<td>V, C, M, I, A</td>
<td>Cultural Proficiency</td>
<td>With each CLC plan, Performance Improvement Project (PIP), and every scholarly endeavor, CMS Plan seeks to not only improve its own service to members but also support of its business and academic peers who are working to independently navigate the CLC process.</td>
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### Statistical and Quantitative Means

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<thead>
<tr>
<th>Goals and Activities</th>
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<tbody>
<tr>
<td>Closely monitor Institute for Child Health Policy (ICHP) surveys, specifically relevant to patient/member satisfaction and patient/provider interactions, and member demographics</td>
</tr>
<tr>
<td>Tracking and trending of all customer complaints and the number of CLC-related complaints</td>
</tr>
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</table>

### Methods of Evaluation

| Telephone surveys conducted by ICHP, analyzed via rigorous statistical measures | B, R | V, C, I | Cultural Competence | ICHP surveys reveal initial and continual statistically significant member satisfaction with both CMS Plan and its providers, according to CAHPS and other questions. |
| Evaluated according to rise or fall in number of CLC-related complaints, as well as employee(s’) and management’s handling of the situation | B, S, A, P, R | V, C, M, I, A | Cultural Competence | Zero CLC-related complaints reported to date. |

### Results

| High member satisfaction | B, S, A, P, R | V, C, M, I, A | Cultural Proficiency | ICHP surveys reveal initial and continual statistically significant member satisfaction with both CMS Plan and its providers, according to CAHPS and other questions. |
No CLC-related customer complaints have been received since implementation of the first CLC plan.

In anticipation of growing and changing member populations, CMS Plan has developed a form for use to address and resolve any CLC complaints as they arise.

### Scholarly and Qualitative Means

<table>
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<tr>
<th>Goals and Activities</th>
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<th>Cultural Competence</th>
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<tbody>
<tr>
<td>Literature searches and industry news reviews</td>
<td>B, R</td>
<td>C, I, A</td>
</tr>
<tr>
<td>Analysis and comparison of our plans to those published and disseminated nationally</td>
<td>B, A, R</td>
<td>V, C, I, A</td>
</tr>
<tr>
<td>Attendance at and participation in workshops, training sessions, and conferences relevant to CLC</td>
<td>B, S, A, P, R</td>
<td>V, C, M, I, A</td>
</tr>
<tr>
<td>Employee surveys, discussions, reflective writings, in-house discussions</td>
<td>B, S, A, R</td>
<td>V, C, M, I, A</td>
</tr>
</tbody>
</table>

### Methods of Evaluation

| Input from peers and CLC leaders | B, S, A, R | V, C, M, A |
| CLC is an emerging new sub-field of study within medical education; as such, collaboration and networking are essential to its successful development. CMS Plan continually seeks out the opinions, insights, and ideas of others, for the benefit of the members it serves. |

### Results

| Ever-expanding library of resources available to all CMS Plan staff | B, S, R | V, M, I, A |
| The Resource Toolkit reflects CMS Plan’s growing knowledge of local, regional, and national resources available to healthcare professionals. |
| Emerging leadership opportunities in the area of CLC in healthcare | B, A, R | V, I |
| CMS Plan is encouraged by the suggestion that its provider training would be appropriate for CEU credit; the organization is pursuing this and other professional and scholarly leadership opportunities to expand personal and |
Expanding networks of colleagues who are established leaders in the field | B, R | V, I, A | Cultural Competence | Communications with academicians from south Florida, as well as Jacksonville and other areas.

**Summary**

Overall analyses of the assessment indicate that CMS Plan has met and surpassed its goals for 2017. The organization functions consistently at the level of cultural competence, and frequently at the level of cultural proficiency. CMS Plan continues to function well in the categories of Administrative and Organizational Items and Infrastructural Self-Analysis and Due Diligence; and appropriately in the categories of Statistical and Quantitative Means and Scholarly and Qualitative Means. Areas of opportunity involve education and outreach efforts to connect members and clinicians to free or low-cost resources available within the community. As such, the 2018 interventions are designed to address these opportunities.