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| **CONTRACTOR:** |  |

The Contractor shall complete column ‘B’ and may complete column ‘C’ if applicable.

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|  | **(A)**  **POLICY/CONTRACT REQUIREMENT** | **(B)**  **FOUND ON PAGE** | **(C)**  **CONTRACTOR COMMENTS** | **(D)**  **YES** | **(E) NO** | **(F)**  **AHCCCS COMMENT** |
|  | **CULTURAL COMPETENCY PLAN/ASSESSMENT REQUIREMENTS**  THE SUBMISSION INCLUDES ALL OF THE FOLLOWING: | | | | | |
| 1. | A description of how care and service is delivered in a culturally competent manner for diverse cultural, racial, ethnic, geographic, social, spiritual, and economic backgrounds, including those with Limited English Proficiency (LEP) and medical, developmental, educational, emotional, cultural, environmental, and financial needs, and regardless of sex, gender, sexual orientation, gender identity, national origin, or age. |  |  |  |  |  |
| 2. | Identification of a Contractor staff member responsible for the CCP. |  |  |  |  |  |
| 3. | A description of measurable and sustainable goals for the coming year. |  |  |  |  |  |
| 4. | The training programs the Contractor utilizes (e.g., Cultural Competency [CC] 101) to orient and train staff to be culturally competent to all members and their families of all cultures. Staff training shall be customized to fit the needs of staff based on the nature of their contact with providers and/or members. |  |  |  |  |  |
|  | a. A description of educational methods the Contractor will use for providers and other subcontractors with direct member contact. |  |  |  |  |  |
|  | b. The Contractor’s education and training program addresses the importance of making providers and other subcontractors aware of the importance of providing services in a culturally competent manner and understanding health literacy. |  |  |  |  |  |
|  | c. A description of additional/ongoing training and assistance provided to providers and subcontractors on providing culturally competent services to members. |  |  |  |  |  |
|  | d. Information outlining cultural competency training provided to the Contractor’s staff during new employee orientation and annually. |  |  |  |  |  |
|  | e. Information on how the Contractor tracks provider participation in cultural competency trainings. |  |  |  |  |  |
| 5. | A description of the Contractor’s method for evaluating the cultural diversity of its membership to assess needs and priorities in order to provide culturally competent care to its membership (languages spoken and ethnicity of membership). |  |  |  |  |  |
| 6. | A description of how the Contractor evaluates its network, outreach services, and other programs to improve accessibility and quality of care for its membership. It shall also describe the provision and coordination needed for linguistic and disability-related services**.** |  |  |  |  |  |
| 7. | A description of the method(s) used for evaluating health equity and addressing health disparities within the Contractor’s Geographic Service Area (GSA). |  |  |  |  |  |
| 8. | To ensure that communications with members and their families about member health care concerns are culturally competent, the Contractor shall submit a summary statement describing the practices that health care providers are required to use when:   1. Accessing language assistance services, 2. Explaining member rights and protections (e.g., Health Insurance Portability and Accountability Act [HIPAA]), 3. Eliciting descriptions of symptoms, health problems, treatment goals and preferences, and 4. Explaining treatment practices (e.g., medications, examinations) and processes, (e.g., goal setting, assessments, treatment planning, clinical meetings, referrals to other service providers and service interventions) are communicated.   The statement shall also refer to source documents (e.g., policies, procedures, training curricula, clinical protocols, supervisory processes, best practices) that guide these practices. |  |  |  |  |  |

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| 9. | The CCP was assessed for effectiveness. The assessment includes consideration of: linguistic need, comparative member satisfaction surveys, outcomes for certain cultural groups, translation and interpretation services and utilization, member complaints and grievances, provider feedback, and Contractor employee surveys. |  |  |  |  |  |
|  | 1. The CCP assessment includes a review of goals from the prior year, |  |  |  |  |  |
|  | 1. Tracking and trending of any identified issues, |  |  |  |  |  |
|  | 1. Actions taken for resolution of identified issues, |  |  |  |  |  |
|  | 1. The assessment includes modifications, if any, that were made to the CCP, and |  |  |  |  |  |
|  | 1. The process for communicating the Contractor’s progress in implementing and sustaining the CCP’s goals to stakeholders, members, and the general public. |  |  |  |  |  |
|  | **FAMILY-CENTERED CARE**  THE SUBMISSION INCLUDES ALL OF THE FOLLOWING: | | | | | |
| 1. | A description of how the Contractor ensures that the family is recognized as the primary source of support for the member’s health care decision-making process. |  |  |  |  |  |
| 2. | Information regarding the availability of service systems and personnel to support the family’s role as decision makers. |  |  |  |  |  |
| 3. | How cultural competency collaboration is facilitated among members, families, health care providers, and policy makers at all levels that include: |  |  |  |  |  |
|  | 1. Care of the member, |  |  |  |  |  |
|  | 1. Development, implementation, and evaluation of programs, |  |  |  |  |  |
|  | 1. Policy development, |  |  |  |  |  |
|  | 1. A description of how the CCP promotes complete exchanges of unbiased information between members, families, and health care professionals in a supportive manner at all times, and |  |  |  |  |  |
|  | e. A description of how cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality are recognized within and across all families. |  |  |  |  |  |
| 4. | A description of practices and policies that were implemented to support the medical, developmental, educational, emotional, cultural, environmental, and financial needs of members and their families. |  |  |  |  |  |
| 5. | A description of the development and participation of the Contractor in Family/Member Centered Cultural Competency Trainings. |  |  |  |  |  |
| 6. | A description of how family-to-family support and networking is facilitated. |  |  |  |  |  |
| 7. | A description of how the Contractor promotes available, accessible, and comprehensive community, home, and hospital support systems to meet the diverse and unique needs of the member and family. |  |  |  |  |  |
| 8. | An acknowledgement of the importance of families as crucial allies as it applies to the member’s health and well-being for quality assurance within the service delivery system, including how this is communicated to members and their families. |  |  |  |  |  |
| 9.. | The CCP documents how the unique nature of each member and their family is appreciated and recognized. |  |  |  |  |  |

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|  | **LANGUAGE ACCESS PLAN (REFER TO POLICY FOR DESCRIPTION OF EACH ELEMENT BELOW)** | | | | | |
|  | Needs and capacity assessment. |  |  |  |  |  |
|  | Language Assistance Services. |  |  |  |  |  |
|  | Written translations. |  |  |  |  |  |
|  | Policies and procedures. |  |  |  |  |  |
|  | Notification of the availability of language assistance at no cost. |  |  |  |  |  |
|  | Staff training. |  |  |  |  |  |
|  | Access and quality assessment. |  |  |  |  |  |
|  | Stakeholder consultation. |  |  |  |  |  |
|  | Subcontractor assurance and compliance. |  |  |  |  |  |