



AIDS HEALTHCARE
FOUNDATION



**AHF MCO
of California, Inc.
PHC California 2022
Cultural Competency Program**

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Mission and Values

PHC California is the Medic-Cal HIV/AIDS Specialty Plan. AIDS Healthcare Foundation (AHF) MCO of California, Inc.'s mission is **cutting-edge medicine and advocacy regardless of ability to pay**. AHF MCO of California, Inc. (AHF MCO) is an expert in the delivery of HIV/AIDS managed care and an influential advocate.

The organization develops systems of care and advocates for high quality and effective delivery systems that address the needs of HIV positive patients and the expert providers that provide their medical care.

The PHC-California core values represent how PHC-California conducts operations, sets goals and manages the organization as a whole. PHC-California's core values are:

- *Patient-Centered*
- *Value Employees*
- *Respect for Diversity*
- *Nimble*
- *Fight for What's Right*

Purpose

The PHC California Cultural Competence Program (CCP) relies on staff, providers, policies and infrastructure to meet the diverse cultural and linguistic needs of members/clients/patients, including:

- People with limited English proficiency. This includes members whose primary language is a language other than English, as well as native English speakers who are not fully literate.
- People with disabilities and/or cognitive impairments that affect communication abilities and use of health services.
- People whose cultural beliefs about health are different from the dominant culture.
- People of diverse age, gender, gender identity, marital status, or sexual orientations.
- People of any ethnic background, race, color, national origin, creed or ancestry.

The CCP supports AHF's activities for health plans, health care centers, disease management and pharmacy services.

Program Goals

1. Provision of health care services that are effective, respectful, and sensitive to each member's cultural beliefs.
2. Provision of health care services in preferred languages to increase comprehension, adherence, and experience of care.
3. Accessible information, training and tools to staff and practitioners to support culturally competent communication.
4. Ensure that organizational structures support a comprehensive CCP that includes:
 - a. Evaluation of cultural and linguistic needs, preferences or limitations including the analysis of potential and/or significant health care disparities in clinical areas

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- b. Collection of data from focus groups or key informant interviews with cultural or linguistic minority members to determine how to better meet their needs.
- c. Using mix-methods for evaluation to better understand the differences in care provided and outcomes achieved.
- d. Member/patient/client-focused interventions with culturally competent outreach materials that focus on race/ethnicity/language specific risks.

PHC California will distribute a summary of the completed CCP to participating providers. The summary will include information about how the provider may access the full CCP on the website and details of how the providers can request a hard copy at no charge.

Authority and Responsibility

The Program is managed by the Health Education Program Manager (HEPM) with a Master of Public Health (MPH) degree with a focus on Health Promotion/Education and holds a Master Certified Health Education Specialist (MCHES) completion. The program is also governed by the Member & Provider Committee (MPC) which reports up to the Quality Management Committee oversee the Cultural Competence Program. This committee includes directors of each department in the MCP, HCC providers, and other health plan member subject matter experts.

Program Components

The Program components were developed from the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

Principal Standard

Culturally Competent Care. Healthcare organizations should provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

The CCP engages all levels of staff and leadership to promote the delivery of care and services that meet clients where they are in terms of cultural and health beliefs, language and literacy access and membership in diverse communities.

Governance, Leadership and Workforce

Organizational Leadership. Health care organizations should advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

PHC California is mission driven to support underrepresented populations with high- quality equitable and effective care.” Respect for diversity” is one of the organization’s Core Values.

Staff Recruitment. Health care organizations should recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

The recruitment and retention policies of PHC California are responsive to the needs of local communities and actively seek out staff that reflect the cultural and linguistic heritage of the populations served.

Education and Training. Health care organizations should educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

The CCP conducts a comprehensive annual Cultural Competency & Linguistic training program for all staff, providers, and subcontractors. This 2-part online training is assigned via HealthStream (AHF University) to bring cultural awareness and sensitivity training regarding the HIV/AIDS population, ethnic diversity, health literacy, and the special needs of seniors and persons with disabilities. Staff are also encouraged to participate in ongoing periodic supplemental training and education for special populations.

Communication and Language Assistance

Language Assistance. Healthcare Organizations must offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

The MCO has a contract with Language Line Services. Staff training to reiterate policies regarding appropriate use of translation services and interpreters is conducted annually.

Patient Notification and Language Assistance. Health care organizations must inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Notification of Interpreter Services are posted at the point of care for all PHC California affiliated healthcare centers and published in quarterly member publications.

Interpreter Competence. Health care organizations must ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. Family and friends should not be used to provide medical or clinical interpretation services.

PHC California makes interpreter services available at no cost to the member and with as little delay as possible in receiving services. Members have the right to a medical interpreter or sign language interpreter, to interpret health information accurately, who must respect the member's privacy and keep all information confidential. Interpretation services are provided through Language Line interpreters or by bilingual clinical staff certified in medical translation. Non-certified clinical bilingual staff may service as interpreters if acting in their own job capacity. Sign language interpretation services are provided by Coda Link, Inc.

Patient Education Materials and Signage. Health care organizations must provide easy-to-

understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

All member education is written at or below a **6th grade** reading level to address health literacy levels. MMCD suggests using a readability formula that is most appropriate and reliable for the type of material and target audience. Patient education materials are available in the threshold languages of the service area both through the EHR and through care management teams.

Engagement, Continuous Improvement and Accountability

Program Description and Work Plan. Health care organizations should establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.

The CCP is one of the foundational portions of the organization's Quality & Performance Improvement Program and informs the ongoing improvement activities across PHC California.

Self-Assessment and Quality Improvement. Health care organizations should conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities, and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

The success of the CCP is monitored through satisfaction surveys, periodic assessment and the grievance tracking process. Adjustments to improve program effectiveness are made in response to any deficiency identified in through monitoring.

Health Information Management. Health care organizations should collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery and ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Data on race, ethnicity, language preference and gender are collected in both the care management electronic database and the Electronic Health Records (EHR). Data are updated during annual assessments and can be used to identify disparities based on these social determinants of health.

The Health Education and Cultural and Linguistic Population Needs Assessment (PNA). PHC California conducted a PNA report which was submitted and for approval in July 2022 to identify the needs of beneficiaries, available health education and cultural and linguistic (C&L) programs and resources, and gaps in services. In preparation of the PNA, PHC California conducts a population analysis to compare the membership profile to that of the

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people living with HIV in the service area. This annual analysis drives decision making around resource allocation for special projects preparation for the PNA. The population data analysis derives from multiple sources such as the plan's EHR, HEDIS, CAHPS, claims data, local and state population data, and member surveys. PHC California now conducts the PNA and no longer the former Group Needs Assessments (GNA) in compliance with the APL 19-011 for the member analysis to compare the membership profile to that of the people living with HIV in the service area.

The PNA and preceding activities for the PNA will maintain administrative oversight by PHC California's Health Education Program Manager. The PNA serves to maintain a current demographic, cultural, and epidemiological profile of the community. This assists with the assessment of the community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

The HEPM requests input from other groups such as the Quality Department, Member Services, Provider Relations Departments, and Client Advisory Committee to help determine the best possible methodology for conducting the PNA and delivering the action items based on the results.

PHC California will use a variety of methodologies to try and capture as much information about the members with the review of current literature on HIV / AIDS in the Los Angeles area, focusing on member demographic trends, needs, and recommendations. PHC California is currently waiting for the official approval for the 2022 PNA.

The Public Policy and Community Advisory Committee (PPCAC). PPCAC is a quarterly meeting which provides a mechanism for structured input from enrollees, network providers and related community agencies regarding how the health plan's operations affect the delivery of enrollees' care. The role of this committee is to implement and maintain community linkages. Activities of this committee may include: developing a culturally appropriate service or program design; setting priorities for health education and outreach programs; implementing member satisfaction surveys and developing marketing materials, campaigns, and CLAS-related activities.

The care management teams and program managers at PHC California partner with community organizations to access and develop programs that support the diverse clientele of the organization.

Grievances. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers. There is a robust grievance reporting system in place that identifies any complaints regarding cultural and linguistic services and establishes corrective action plans to rectify any gap areas.

Member grievances are monitored by the Grievances Supervisor, for issues related to cultural and linguistic competency. Issues reported to HEPM for needs assessment.

Program Progress and Success. Health care organizations are encouraged to communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Program progress and success is regularly reported to internal stakeholder through the committee oversight structure and shared with the public in professional conference forums.

Program Monitoring and Evaluation

Rationale, standards, goals, activities and measures are established to ensure the program's success. The Health Education Program Manager will:

Evaluate CCP interventions using mixed-methods such as member satisfaction surveys, provider self-assessment surveys, and focus groups. The annual evaluation reviews the effectiveness of the CCP. The evaluation may include CAHPS or other comparative member satisfaction surveys, outcomes for certain cultural groups, member grievances, member appeals, provider feedback and Health Plan employee surveys.

- Review data and complete the annual evaluation for presentation to the Member and Provider Committee. Any feedback received is included in the program description for the following year.
- Track and trend any issues identified in the evaluation and implement interventions to improve the provision of services.
- Evaluate the program and program staff performance based on the implemented policies and procedures of the CCP.
- Provide cultural competency, diversity, and sensitivity training for all program staff, providers, and subcontractors to ensure awareness of cultural understanding and the importance of awareness.
- Annually assign and track the Cultural Competency online trainings for the staff, providers, and subcontractors Courses through HealthStream (AHF University).
- Provide a description of the evaluation, its results, the analysis of the results and interventions to be implemented in the CCP that will be submitted to the Agency annually.
- The CCP will be updated annually and submitted to the Agency for approval for implementation for each contract year.

The key findings of the 2022 Health Education & Cultural and Linguistic Population Needs Assessment (PNA) are addressed through the following seven major quality improvement, health education, and cultural & linguistic program objectives:

1. Increase (HIV) viral load suppression among PHC California members to equal to or greater than 93% by July 1, 2023.
2. Increase retinal eye exam screenings among PHC California diabetic members to equal to or greater than 50% by July 1, 2023.

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3. Increase the percentage of members who perceive to have good communication with their doctors to equal to or greater than 98% by July 1, 2023.
4. Increase the percentage of controlled blood pressure among PHC California members to equal to or greater than 70% by July 1, 2023.
5. Increase the percentage of members who perceive to be getting the needed care from the health plan to equal to or greater than 82% by July 1, 2023.
6. Increase the percentage of documented and correct member email addresses in the plan's member management system among PHC California members to equal to or greater than 10% by July 1, 2023.
7. Increase (HIV) viral load suppression among Hispanic/Latinx members to equal to or greater than 95% by July 1, 2023.