

The Florida Children's Medical Services Network's
Integrated Care Systems'

CULTURAL & LINGUISTIC COMPETENCE PLAN

*Sharing Our Strengths for the Benefit of Children:
Foundational Efforts Focused on Families*

2015



Photo of ceiling tile artwork on public display in
Shands Hospital, Gainesville, Florida. 2010.

This plan is a joint effort among
The University of Florida's Pediatric Integrated Care System (Ped-I-Care)
and the
South Florida Community Care Network (SFCCN)
Operating as one system under contract to the
Children's Medical Services Network of Florida

*Sharing Our Strengths for the Benefit of Children:
Foundational Efforts Focused on Families*

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

For Implementation in 2014 – 2015

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Executive Summary

The Pediatric Integrated Care System (Ped-I-Care) at The University of Florida (UF) and the South Florida Community Care Network (SFCCN) operate as one plan under contract to the Children's Medical Services Network (CMSN) of Florida. Ped-I-Care and SFCCN are Provider Service Networks (PSNs) for children with special health care needs (CSHCN) whose families qualify by income. 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 2014¹, and as stipulated specifically in the Medicaid Managed Assistance (MMA) contract between the Integrated Care Systems (ICSs) and CMSN, this plan describes how members' needs are met using appropriate tools, training items, support materials, and methods of annual evaluation.

Cultural competence is more than a bureaucratic exercise; it is an authentic grasping of the attitude that every individual has worth and as such their dignity must be respected and preserved.² In pursuit of this vision, Ped-I-Care and SFCCN leverage a 4-pronged approach to the provision of culturally and linguistically competent services.

This approach involves:

- **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. 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**
 - Ped-I-Care and SFCCN 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 clients.
- **Continued Research**
 - The ICS plans are 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.³

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.⁴ 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."⁵ 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.



The pursuit of cultural and linguistic competence, as relevant to the delivery of health care services through Children's Medical Services Network, 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 more than a bureaucratic exercise, 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, Ped-I-Care and SFCCN members and their families have reported increasingly high levels of member satisfaction as well as access to care. While these and additional agenda items continually improve, it is clear that 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 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)⁶ and the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health⁷. CMSN 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.

Ped-I-Care and SFCCN have each developed systems by which 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. Now operating as one plan under contract to CMS, the integrated care systems are greatly strengthened in their respective 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 CMSN plan. This commitment is outlined in the 2014-1025 Cultural & Linguistic Competence Plan described herein.

Mission & Values

Mission

The aspects of cultural competency relevant to the CMSN'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 CMSN'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 CMSN 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. This plan additionally serves to replace the existing, individual cultural and linguistic competence plans of Ped-I-Care and SFCCN; acceptance by AHCA is interpreted to mean that only one plan and one evaluation per year is expected from Ped-I-Care and SFCCN as a singular entity operating under contract to CMSN to fulfill the terms of its MMA contract.



Who We Are: ICS Leadership & Staff

Ped-I-Care, SFCCN, and its sub-networks have staff available to meet the 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. Ped-I-Care and SFCCN capture member feedback relating to cross-culture issues, which are reviewed and addressed by the Quality Improvement departments within each organization. Network providers are educated on the availability of interpretation services.

The organizations' Provider Credentialing Applications also capture each provider's self-identified ethnicity, culture, and race (if provided). The application also 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 CMSN, Ped-I-Care, and SFCCN websites 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.

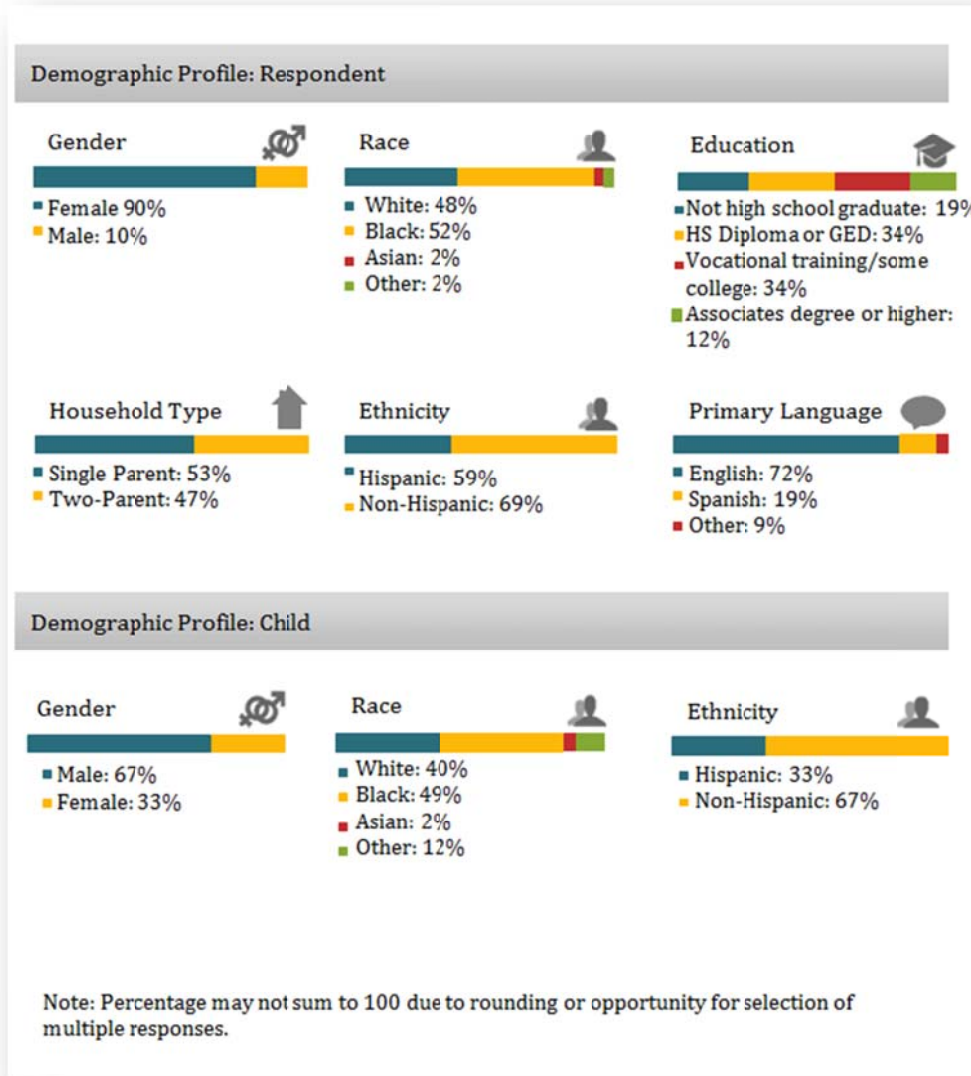
Who We Serve: Our Member Population

The Institute for Child Health Policy (IHP) at UF annually surveys CMSN 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. As shown in Figure 1 from the most recent IHP report⁹, reflecting combined demographic information for Duval and Broward counties the 2012-2013 contract period,

- 72% of caregivers spoke English as their primary language, 19% spoke Spanish as their primary language, and 9% spoke a language other than English or Spanish as their primary language;
- 59% of caregivers were Hispanic;
- 80% of caregivers reported at high school diploma/GED or higher level of educational attainment;
- 90% of respondents were female; and
- 53% of caregiver respondents were of a single-parent household.

Respondents additionally noted they were interested in support and guidance relevant to parenting issues; they would like to be informed of youth mentoring programs that may be of benefit to their children; and they are interested in other resources to help their families become increasingly independent.

Figure 1. Demographic Profiles of Respondents and their enrolled Child.



Health-Related Quality of Life measurements in this report indicate that children in Duval and Broward Counties enrolled in the CMSN plan score below the national average in physical, emotional, social, and school functioning capacities. While this is not a quality indicator, but rather a reflection of the specific challenges and characteristics of the population we serve, this information presents the opportunity – and necessity – of producing a member resource guide tailored and targeted at addressing each of these areas. Such efforts are described later in the ‘Goals and Evaluation for 2014 – 2015’ section.

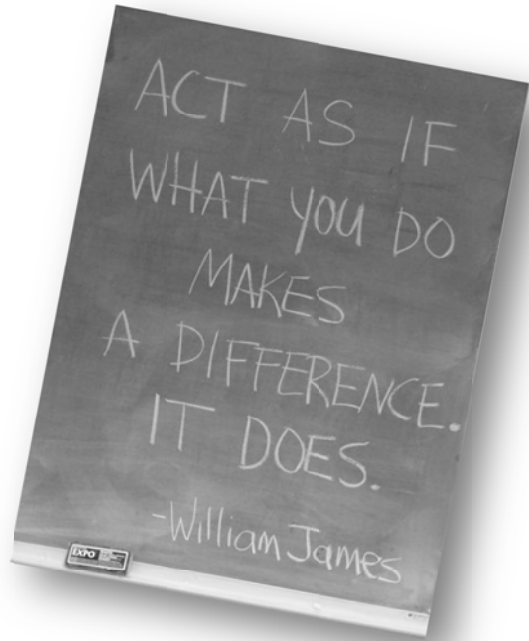
How does CMSN provide culturally and linguistically competent care?

The ICSs operating under contract to the CMSN are each involved in a number of activities which directly and indirectly affect patient care.

These activities include:

- **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. CMSN encourages providers to listen to the enrollees' opinions in considering treatment options, and its free training is structured to communicate and address this commitment.
 - CMSN 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.

- **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 T19: 1-866-467-4970
 - T21 or T19 via Florida Relay Service: Dial 711



- SFCCN’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 SFCCN service area. The interpreter phone service is a secondary language access service that allows the health plan to communicate with those non-English, non-Spanish, or non-Creole enrollees. Each of the subnetworks of SFCCN uses a different interpreter phone service vendor which is listed below:
 - Memorial Healthcare System uses Optimal Phone Interpreters (1-877-746-4674)
 - Broward Health uses Language Line Services (1-866-874-3972)
 - Public Health Trust uses Language Line Services (1-866-874-3972)
- SFCCN’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 CMSN members and providers with translation services, including but not limited to:
 - A U.S. 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>.
 - 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>.
 - An online resource that provides an index to more than 6,900 known living languages¹² is <http://www.ethnologue.com/web.asp>.
- **Education and Training**
 - The goals of this plan are such that CMSN 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. CMSN strongly entreats providers and staff to share or utilize their own cultural diversity to improve the services provided to our 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 training¹³ is freely available, online, at <http://pedicare.peds.ufl.edu/media/Cultural-and-Linguistic-Competence-Training-Spring-2013.ppt>.
 - ICS staff members 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.
- **Continued Research**
 - CMSN 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, Ped-I-Care and/or SFCCN employees will contribute to local, regional, and/or national scholarly discussions on the topic of CLC.

Goals and Evaluation for 2014-2015

In response to the above review and findings, CMSN will take on a new activity in 2015 to support members and their families. The plan will develop a resource guide for each of the 67 counties in its Florida; the guide will be made accessible to members, providers, CMS Nurse Care Coordinators, and others via the ICSs' website. The guide will be organized to include items which directly address member feedback on the annual satisfaction survey, as well as each of the areas of quality enhancement described in the pending 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
- Financial guidance and support
- Prevention of and assistance with addressing obesity

CMSN will additionally continue to:

- Update its Resource Toolkit;
- 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;
- Follow the scholarly literature; 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 service year would likely be delivered to the ICS plans 6 months to 1 year after the 2016 revised CLC plan is due.

Ped-I-Care and SFCCN both track and trend cross-cultural complaints and grievances and are prepared to implement interventions as concerns are brought to the attention of staff members. Through a comprehensive set of evaluations for both plans, examining the 2013-2014 period, no issues of this nature have been identified. CMSN will continue to promote cultural competent communication and service delivery within, throughout, and across our networks.

Summary

With strong individual foundations in CLC and long-standing, positive relationships amongst SFCCN, Ped-I-Care, and CMS, the CMSN is well-poised to move forward along the cultural competence spectrum. In the 2014 – 2015 contract year period, members will enjoy 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 CMSN activities with Quality Enhancement stipulations named in the MMA contract. As such, the cultural and linguistic competence plan for CMSN addresses members' and families' health care and other needs.

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