

CARESOURCE PASSE CULTURAL COMPETENCY & HEALTH EQUITY PLAN 2025



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CareSource PASSE Commitment to Cultural Competency & Health Equity

CareSource PASSE is a provider-led partnership with a commitment to transforming the delivery of care for its members by creating innovative community solutions focused on a person-centered approach and engagement through caregivers, providers, and community-based organizations. We are committed to addressing the need for culturally competent care in our member populations, including exploring the social determinants of health that impact member health outcomes and quality of life.

Our commitment to cultural competency aligns with our mission to make a lasting difference in our members' lives by improving their health and well-being. It is our responsibility to understand the unique needs of our members and their psychosocial barriers to navigating the health care system.

We recognize that across the state of Arkansas our members come from diverse cultures, races, ethnic backgrounds, and religions and have varied needs. Many have suffered from a range of chronic and acute health conditions and have limited access to health care. Some are reluctant to seek treatment for their behavioral health, substance use, and medical conditions. Others prefer to see a healthcare provider of their own ethnicity and gender. Many require assistance in understanding prescriptions, treatments, appointment cards, informed consent documents, and other components and nuances of today's health care system.

Our members need and receive compassion and assistance navigating the health care system. Services will be provided in a manner that values and affirms the worth of each member and preserves and protects each member's dignity.

HEALTH EQUITY

Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. According to the Centers for Disease Control and Prevention, "Health equity is achieved when every person has the opportunity to 'attain his or her full health potential' and no one is 'disadvantaged from achieving this potential because of social



position or other socially determined circumstances’.”

Health Equity is defined by the Centers for Medicare & Medicaid Services (CMS) as the attainment of the highest level of health for all people. Everyone has a fair and just opportunity to access their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.


At CareSource PASSE, we are dedicated to the communities we serve, and to making a positive impact in the lives of our members through the elimination of health disparities, supporting health equity initiatives and partnering with community stakeholders to carry out this work. It is through a collective effort to understand the diverse values, belief systems, cultures, linguistic needs, and socioeconomic barriers of our members that we are able to make lasting improvements in health equity.

We are champions of health equity and improved outcomes for those who entrust us with their care.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

Language and cultural differences have the potential to negatively impact interactions between members, staff, and healthcare providers and lead to health disparities. As our member populations become more diverse, the need for the delivery of culturally and linguistically appropriate services is paramount. CareSource PASSE is committed to ensuring the provision of culturally and linguistically appropriate services in alignment with the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to 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. [Office of Minority Health, U.S. Department of Health & Human Services, 2018]



According to the U.S. Department of Health and Human Services Office of Minority Health, over the past several years, behavioral health providers and education systems are recognizing the value of the National CLAS Standards in addressing behavioral health disparities. To advance this effort, the Substance Abuse and Mental Health Services Administration (SAMHSA) collaborated with OMH to develop the Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (Behavioral Health Implementation Guide). This Behavioral Health Implementation Guide underscores the ways in which the National CLAS Standards can improve access to behavioral health care, promote quality behavioral health programs and practice, and ultimately reduce persistent disparities in mental health and substance use treatment for underserved minority communities. [See *Resources for Education and Training*.]

CareSource PASSE utilizes CLAS standards to implement the provision of culturally and linguistically competent services to members by CareSource staff and by CareSource PASSE health care providers. Utilization of these standards to guide service provision ensures mutual understanding of health, illness and treatment, increased member satisfaction, and improves the quality of health care.

Provision of Culturally Competent Services to CareSource PASSE Members

CareSource PASSE staff and providers are expected to deliver services in a culturally competent manner.

CareSource PASSE encourages our employees and providers to practice cultural humility. The United States Department of Health and Human Services defines Cultural Humility as the “reflective process of understanding one’s biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them.” Cultural humility is developed through self-reflection, including awareness of our beliefs, values, and implicit biases, recognizing that cultural competency requires ongoing learning from those whose beliefs and experiences differ from our own, respecting the other person’s identity and acknowledging that each of us is the sole expert on ourselves.

CARESOURCE PASSE MEMBERSHIP

Total membership at year end 2024 for CareSource PASSE was **4,625**.

The following table includes the breakdown of membership by gender, age, ethnicity, and metro/urban/rural residence.

Category	Sub-Category	Count	Percentage
Gender	Male	2478	53.58%
	Female	2147	46.42%
Age	Under Age 18	3686	79.70%
	Age 18+	939	20.30%
Ethnicity	American Indian/Alaskan Native	51	01.10%
	Asian or Pacific Islander	59	01.28%
	Black	1041	22.51%
	Caucasian	2605	56.32%

Category	Sub-Category	Count	Percentage
	Hispanic	210	04.54%
	Mutually Defined	189	04.09%
	Not Provided	470	10.16%
Metro/Urban/Rural	Metro	2940	63.58%
	Urban	1508	32.60%
	Rural	177	03.82%

CARESOURCE PASSE STAFF

CareSource PASSE Care Coordinators/Care Managers assist our members in navigating the health care system. Care Coordinators and other staff are culturally sensitive to our members and the issues they face and are cognizant of this sensitivity when helping to overcome barriers to health care. Each member's experience is respected, and each member is treated with dignity.

Staff receive ongoing education and training in meeting the needs of culturally diverse and economically disadvantaged individuals and in culturally and linguistically appropriate service delivery. CareSource is committed to ensuring that its staff are educated about, cognizant of, and sensitive to the needs and cultural differences of its members. CareSource staff engagement and training opportunities include:

- Mandatory onboarding and annual training that focuses on aspects of Cultural Competency (example: Diversity, Equity, and Inclusion)
- Availability of subject-specific online training (example: CLAS-Culturally & Linguistically Appropriate Services Standards)
- Continuing education on Cultural Competency
- Poverty simulation experiences
- Participation in CareSource Foundation activities

In addition, all staff receive training on and are expected to comply with the CareSource PASSE Cultural Competency & Health Equity Plan. They can easily access the full content of this CareSource Cultural Competency & Health Equity Plan via the PASSE Website.



HEALTH CARE PROVIDERS

Participating health care providers are expected to provide services in a culturally competent manner, which includes removing all language barriers to service and accommodating the unique ethnic, cultural, and social needs of the member. They are also expected to remove barriers to provide full and equal access to buildings and ensure safe and appropriate parking and internal site navigation. They must meet the requirements of all applicable state and federal laws and regulations as they pertain to the provision of services and care.

CareSource PASSE prohibits its providers or partners from refusing to treat, serve or otherwise discriminate against an individual because of race, color, religion, national origin, sex, age, gender orientation (i.e., intersex, transgendered and transsexual), or disability. In consideration of cultural differences, including religious beliefs and ethical principles, CareSource PASSE will not discriminate against health care providers who practice within the permissions of existing unprotections in provider conscience laws, as outlined by the United States Department of Health and Human Services (HHS).

CareSource PASSE requires its healthcare providers to fully comply with its Cultural Competency & Health Equity Plan. A summary of our approach to cultural competency and health equity is documented within the Provider Manual and on the CareSource PASSE website. We provide a link to our website for providers so they can access the full content of this CareSource Cultural Competency & Health Equity Plan. An email copy is available upon request at no cost to the provider.

Linguistic Services and Written Materials

For members who need assistance communicating with us or their health care provider, the member, her or his representative, or a health care provider can call Member Services or their Care Coordinator to assist or arrange for needed services. These services are free of charge.

LINGUISTIC SERVICES FOR MEMBERS WITH LIMITED ENGLISH (LEP) OR WHOSE PRIMARY LANGUAGE IS NOT ENGLISH

All interpretive services (and materials) are provided to our members regardless of whether the member speaks a language that meets the threshold of a Prevalent Non-English Language.


Language interpreter services are available at all points of contact to members with limited English proficiency or whose primary language is not English. Language Line Services are available and provide telephonic interpreters for over 170 languages.

LINGUISTIC SERVICES FOR MEMBERS WHO ARE DEAF, HARD OF HEARING, OR WITH A SPEECH DISABILITY

Sign language interpreter services for deaf and hard of hearing members are made available upon request and are free of charge.

Assistance with telecommunications services is also available. Persons who are deaf, hard of hearing, or with a speech disability may dial 711 on their phone and will be automatically connected to a Communications Assistant (CA). The CA facilitates telephone calls between persons who are deaf, hard of hearing, or have speech disabilities and other individuals. These federal services are free of charge.

- Teletype (TTY) enables persons who are deaf or hard of hearing to make and receive telephone calls. A TTY is a communications device that lets persons who are deaf, hard of hearing, or with a speech disability use the telephone to communicate by allowing them to send and receive typed text messages. TTYs connect to a standard phone line and use keyboards for typing messages and screens for displaying messages. The text is read on either (or both) a display screen or a paper printout.



If the person who is deaf or hard of hearing has a TTY device, but the other party does not, the person can call 711 and a CA can connect to and relay the call between the parties by speaking what a text user types and typing what a voice telephone user speaks.

- Speech to Speech (STS) service enables persons with a speech disability to make or receive telephone calls using their own voice (or an assistive voice device) using a CA. In general, anyone with a speech disability or anyone who wishes to call someone with a speech disability can use STS. The calling party calls the relay center by dialing 711 and informs the CA they would like to make an STS call or asks the CA to place an STS call to the person with a speech disability.

PRINTED MEMBER MATERIALS

To enhance communication and help members improve their health outcomes, we make every effort to ensure that our member materials are easy to read and understand. Printed member materials are available in multiple languages and alternative formats, such as large print (at least 16-point font), braille, and compatible with optical recognition software. These materials are available upon request and are free of charge. Notices and other written materials may be read aloud to individuals upon request.

In addition, CareSource utilizes the Health Literacy Advisor (HLA) software developed by Health Literacy Innovations™ to measure the reading level of all member materials and to ensure that the reading level of written documents is at or below the targeted level of sixth grade comprehension level on the rating scale, per State requirements.

MEMBER AND HEALTH CARE PROVIDER NOTIFICATIONS


Members and health care providers are educated about the availability of and how and when to access these linguistic services via the CareSource PASSE Website, Member and Provider Handbooks, trainings, marketing materials, and information provided directly to members by Care Coordinators and service providers.

Key Strategies

As a PASSE, our commitment to cultural competency is demonstrated by communicating appropriately, recognizing our members' cultural needs and preferences, and making a personal connection to help improve the member's long-term health. We expect our healthcare providers to also demonstrate commitment to cultural competency. Key strategies are addressed through the Cultural Competency & Health Equity Plan.

KEY STRATEGIES TO DEVELOPING CULTURAL COMPETENCY AND HEALTH EQUITY BY THE PASSE

1. Develop and maintain demographic descriptions, including cultural and linguistic profiles, of membership to respond to service needs.
2. Understand the cultural and linguistic demographics of our members, individually and as a population, and address barriers.
3. Develop culturally and linguistically appropriate services and written materials to meet our membership's literacy, language, and communication needs.
4. Ensure that members are aware of their rights and the services available to them through our PASSE and our health care providers.
5. Educate and train staff and health care providers on cultural competency and health equity.
6. Monitor and review results of CAHPS® surveys, cultural competency-focused member satisfaction surveys, and other member feedback for culturally and linguistically sensitive and access issues, as well as staff, healthcare provider, and community feedback.
7. Review the health care provider network to ensure member availability to CareSource health care providers who provide physical access, reasonable accommodations, and accessible equipment for those with physical and mental disabilities and can meet the



needs of our members for accommodation and accessibility; ensure this healthcare provider information is maintained in the PASSE Provider Directory.

8. Identify community advocates and agencies who can provide culturally competent services; collaborate to facilitate involvement in designing and implementing CLAS-related activities.

KEY STRATEGIES TO DEVELOPING AND ENSURING CULTURAL COMPETENCY AND HEALTH EQUITY BY OUR HEALTHCARE PROVIDERS

1. Health care providers are asked to report capabilities to meet identified cultural and linguistic needs and preferences of members, such as bilingual staff/health care providers/skilled medical interpreters; service providers with expertise in gender issues and any culture-specific specializations; and whether the office/facility has accommodations for individuals with physical disabilities (including offices, exam rooms, and equipment).
2. Health care provider office staff will make reasonable attempts to collect race-and language-specific member data. Staff will be available to answer questions and explain race/ethnicity categories to a member, to assure accurate identification of race/ethnicity for all family members.
3. Locations will meet the ADA and local requirements as they relate to adequate space, supplies, sanitation, and fire/safety procedures to ensure that all members have equal access to services.
4. Health care will be provided with consideration of the members' cultural background, encompassing race, ethnicity, language and health beliefs, as cultural considerations may impact/influence member health decisions related to preventable disease or illness.
5. Treatment plans will be developed based on evidence-based clinical practice guidelines with consideration of the member's race, country of origin, native language, social norms, religion, mental or physical abilities, heritage, acculturation, age, gender, sexual orientation, and other characteristics that may result in a different perspective or decision-making process.
6. Health care provider staff will be knowledgeable and inform members of free and available linguistic services and will assist members in accessing those services.

2025 Plan Goals and Objectives

Goals and Objectives of the Plan are developed to reflect the PASSE's commitment to cultural competency and health equity. They are intended to align with key strategies that will result in the fulfillment of the PASSE's intentions to transform the delivery of care for its members by creating innovative community solutions focused on a person-centered approach and engagement through caregivers, providers, and community-based organizations and addressing the need for and delivery of culturally competent care to our members.

Goal 1: Promotion of Cultural Competency & Health Equity			
Objective 1: Develop and foster cultural sensitivity and competency of staff, health care providers, and members via Cultural Competency & Health Equity Plan (Plan)			
<i>Action/Intervention</i>	<i>Methods</i>	<i>Measurements (Goals)</i>	<i>Time Frame(s)</i>
a. Complete an Annual Evaluation of the Plan	Identify areas of progress/lack of progress, trends, issues, needed interventions	Evaluation approved by MQMC	Annual
b. Update Plan	1. Update based upon Annual Evaluation and utilizing <ul style="list-style-type: none"> • CAHPS®/Cultural Competency/Member, health care provider, employee, other surveys • Member, health care provider, staff, community feedback including Provider Advisory Committee (PAC) and Consumer Advisory Council (CAC) 2. Identify trends 3. Updated Plan in compliance with all State/Federal/PASSE	Updated Plan approved by MQMC and published on PASSE Website	Annual

	Agreement requirements and PASSE mission		
c. Review Plan Summaries for staff, healthcare providers, and members, and update as needed	Updated Plan Summaries <ul style="list-style-type: none"> • reflective of Plan • relevant to target audience • includes information for accessing full Plan on website and how to obtain a hard copy 	Approved and published updated Summaries, to include Summaries on PASSE Website and in Provider Manual and Member Handbook	Annual
d. Provide resources to staff, members, health care providers, and community	Research, identify, and update resources for inclusion on PASSE Website and other documents, as appropriate	Minimum of 10 documents/resources published or available	Annual

Goal 2: Information Base of Member Demographics and Cultural, Linguistic, and Access Needs and Capacity to Serve

Objective 2.1: Collect and analyze member demographic and cultural and linguistic information

<i>Action/Intervention</i>	<i>Methods</i>	<i>Measurements (Goals)</i>	<i>Time Frame(s)</i>
a. Utilize the existing Population Health Management (PHM) Dashboard to the extent possible for use in monitoring and analysis of membership	<ol style="list-style-type: none"> 1. Pursue update of additional demographic information to include in PHM Dashboard 2. Continue identification of other sources of data collection (such as AR SHARE, member HQ and PCSP, Guiding Care) 3. Continue pursuit of increased reporting capabilities 	<ol style="list-style-type: none"> 1. Annual Population Health Needs Assessment report 2. New reports available 	Ongoing in 2025
b. Assess member cultural and linguistic and access needs	Develop and implement plan for accessibility and reporting of data collected	Information added to PHM Dashboard or other reporting	Ongoing in 2025

Goal 3: Promotion and Monitoring of Culturally and Linguistically Appropriate Service Delivery

Objective 3.1: Promote culturally and linguistically appropriate service delivery to members by staff

Action/Intervention	Methods	Measurements (Goals)	Time Frame(s)
Increase staff sensitivity to and awareness and knowledge of health equity issues and members' cultural, linguistic, and access needs	1. Onboarding training for all new staff; annual trainings for all staff 2. Specific trainings for new Care Coordination (CC) staff and ongoing continuing education – update training in 2025 3. Trainings promoted and available in person and via <ul style="list-style-type: none"> • Webinars • PASSE Website • Linked Resources • CS Learning Resources 	100% Staff trained as documented via staff training records Training completed within 30 days of hire and at least once annually thereafter. Training updated. Results of member Cultural Competency survey	Ongoing in 2025

Objective 3.2: Promote culturally and linguistically appropriate and accessible service delivery to members by healthcare providers

Action/Intervention	Methods	Measurements (Goals)	Time Frame(s)
a. Increase health provider sensitivity to and awareness and knowledge of health equity issues and members' cultural, linguistic, and access needs	1. Training included in new health care provider orientation 2. Trainings available for health care providers – update training in 2025 3. Trainings promoted and available via: <ul style="list-style-type: none"> • Webinars • PASSE Website • Linked Resources 	100% participating providers - Documented via: <ol style="list-style-type: none"> 1. Training records 2. Provider-submitted attestations of training Training updated. Meeting minutes	Ongoing in 2025

	4. Share in Provider Advisory Committee (PAC) meetings		
b. Ensure language and linguistic resources for members are available to health care providers	1. Review needs for resource development 2. Promote availability of resources to providers	Information documented in: <ul style="list-style-type: none"> • Provider Manual • Provider newsletter • Written materials • PAC meeting minutes • PASSE Website 	Ongoing in 2025
Objective 3.3: Promote culturally and linguistically appropriate and accessible service delivery to members through member education			
<i>Action/Intervention</i>	<i>Methods</i>	<i>Measurements (Goals)</i>	<i>Time Frame(s)</i>
Provide information to members regarding (a) their right to receive health care provided with consideration of a member's cultural, linguistic, and accessibility needs, (b) available services to meet individual member needs, and (c) when and how to access those services	Information promoted and available via <ul style="list-style-type: none"> • PASSE Website • Linked Resources • Consumer Advisory Council (CAC) • Member Handbook • Other written materials • Information provided directly to member by CC 	Information documented in: <ul style="list-style-type: none"> • Member Handbook • Member newsletter • Written materials • CAC meeting minutes • PASSE Website 	Ongoing in 2025

Objective 3.4: Promote and monitor culturally and linguistically appropriate service delivery to members by staff and health partners through quality improvement measures.

<i>Action/Intervention</i>	<i>Methods</i>	<i>Measurements (Goals)</i>	<i>Time Frame(s)</i>
Utilize results of Consumer Experience member satisfaction Cultural Competency survey	<ol style="list-style-type: none"> 1. Review results of survey 2. Obtain and utilize feedback from Consumer Advisory Council members 3. Identify interventions to respond to survey results with 80% or less satisfaction 4. Implement interventions 	Improvement in YOY results of Cultural Competency Survey for identified measures	Annual



CareSource PASSE Cultural Competency Plan and Annual Evaluation

A Summary of the CareSource PASSE Cultural Competency & Health Equity Plan will be included in the Provider Manual and will be distributed to all participating providers. A summary will also be included in the Member Handbook. The summaries provide information regarding accessing the Plan on the website, requesting a copy via email, and requesting a hard copy of the Plan at no charge.

The Plan is evaluated annually. The evaluation utilizes member, healthcare provider, community, and employee feedback and results from the CAHPS® survey and other member and provider surveys and complaints, grievances, and appeals. The Evaluation includes a description of (a) progress or lack of progress toward identified goals and objectives (and analysis of successes and challenges), (b) identification of any relevant trending issues to be addressed in the Plan, and (c) planned interventions to be implemented to improve provision of culturally competent services to members.

APPENDIX A

RESOURCES FOR EDUCATION AND TRAINING IN CULTURAL COMPETENCY & HEALTH EQUITY

Health equity, and cultural and linguistic barriers are addressed proactively through training programs for staff, members, and healthcare providers. This Cultural Competency and Health Equity Plan provided guidance to move us forward in addressing our members' needs.

CareSource PASSE provides both staff and healthcare providers with resources and materials, including tools from health-related organizations that inform culturally competent care. To better understand and serve our diverse populations, CareSource PASSE staff and healthcare providers are encouraged to utilize the following sites for information and training:

- Agency for Healthcare Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit. This toolkit can help primary care practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all health literacy levels. <https://www.ahrq.gov/health-literacy/improve/precautions/index.html>
- American Hospital Association, Becoming a Culturally Competent Health Care Organization:
<https://www.aha.org/ahahret-guides/2013-06-18-becoming-culturally-competent-health-care-organization>
- Centers for Disease Control and Prevention, Health Equity, provides information on healthy equity and racial/ethnic disparities:
<https://www.cdc.gov/chronicdisease/healthequity/index.htm>

RESOURCES FOR EDUCATION AND TRAINING IN CULTURAL COMPETENCY & HEALTH EQUITY (Continued)

- Federal Communications Commission (FCC), Speech to Speech Relay Service (STS), a form of Telecommunications Relay Service (TRS) that enables persons with a speech disability to make telephone calls:
<https://www.fcc.gov/consumers/guides/speech-speech-relay-service>.
- Federal Communications Commission (FCC), TTY-Based Telecommunications Relay Service (TTY), a form of Telecommunications Relay Service (TRS) that enables persons who are deaf or hard of hearing to make telephone calls: <https://www.fcc.gov/tty-relay>.
- Georgetown University, National Center for Cultural Competence, A Resource Guide to Respond to Disparities in Intellectual and Developmental Disabilities Services and Supports
The guide is designed to provide rationales to address disparities in IDD services and supports experienced by individuals with intellectual and developmental disabilities including, but not limited to, data on the occurrence of such disparities across racial, ethnic, cultural, and linguistic groups and offer key definitions and conceptual frameworks for addressing disparities in IDD services and supports, including the role of cultural and linguistic competence: <https://nccc.georgetown.edu/resources/disparities-in-idd.php>.
- National Alliance on Mental Illness (NAMI), Identity and Cultural Dimensions describes how to promote a culture of equity and inclusion:
<https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions>.

RESOURCES FOR EDUCATION AND TRAINING IN CULTURAL COMPETENCY & HEALTH EQUITY (Continued)

- Tulane University School of Public Health and Tropical Medicine, How to Improve Cultural Competence in Health Care. Describes importance of cultural competence in health care (such as improved patient outcomes and patient experiences), promoting awareness and education, increasing accessibility, and barriers to cultural competence: <https://publichealth.tulane.edu/blog/cultural-competence-in-health-care>.
- U.S. Department of Health and Human Services, Improving Cultural Competency for Behavioral Health Professionals, which is a free online course for the National Association for Addiction Professionals (NAADAC) Licensed Drug and Alcohol Counselors, National Board of Certified Counselors (NBCC) counselors, nurses, psychologists, psychiatrists, and social workers: <https://thinkculturalhealth.hhs.gov/education/behavioral-health>.
- U.S. Department of Health and Human Services Office of Minority Health, Physician's Practical Guide to Culturally Competent Care, which is a free online nine-credit Continuing Medical Education (CME) course. This self-directed e-learning program equips providers to better understand and treat diverse populations: <https://thinkculturalhealth.hhs.gov/>.
- U.S. Department of Health and Human Services, National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: <https://thinkculturalhealth.hhs.gov/clas>.

- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) TIP 59: Improving Cultural Competence. This guide helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations:
<https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>.
- U.S. Department of Justice, Limited English Proficiency. Resources for developing a language access program (how to provide services to individuals who are non-English speaking or have limited English proficiency), data and language maps (an interactive mapping tool that helps users find out the concentration of and languages spoken by LEP individuals in a community), procurement of language services: <https://www.ojp.gov/ojp-language-access-plan>.

APPENDIX B

NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES STANDARDS*

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard

1. 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.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices.

Communication and Language Assistance

5. 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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES STANDARDS* (Continued)

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. 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.
12. Conduct regular assessments of 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.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

* <https://thinkculturalhealth.hhs.gov/clas/standards>

APPENDIX C

CARESOURCE ORGANIZATIONAL SUPPORT

As a PASSE partner providing administrative and organizational support to the CareSource PASSE, CareSource's own Cultural Competency program provides a foundation for the development and support of the PASSE's program and plan. Through its own program and its organizational support for cultural competency and relevant data collection, CareSource provides support and information for the CareSource PASSE cultural competency program and plan.

CareSource focuses on organizational supports by:

- Ensuring that the provision of health services, proposed treatment or utilization management of services is not influenced by member race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.
- Conducting ongoing organizational self-assessments of CLAS Standards.
- Ensuring the data on the member's race, ethnicity, and spoken and written language are collected in health records, integrated into CareSource systems, and periodically updated.
- Maintaining a current demographic, cultural, and epidemiological profile of the community and a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

CareSource data collection is used to:

- Build an epidemiological profile of the community.
- Assess needs for language services.
- Monitor needs, use (including over and underutilization), quality of care, and outcome patterns.
- Evaluate program effectiveness.
- Provide culturally competent disease management education and member interventions for high-risk health conditions.
- Ensure equitable services.

APPENDIX D

NOTICE OF NON-DISCRIMINATION

CareSource PASSE complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource PASSE does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource PASSE provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource PASSE provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the Member Services number on your member ID card.

If you believe that CareSource PASSE has failed to provide the above-mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource PASSE
Attn: Civil Rights Coordinator
P.O. Box 1947
Dayton, Ohio 45401
Phone: 1-844-539-1732 (TTY: 711)
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSourcePASSE.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

NOTICE OF NON-DISCRIMINATION (Continued)

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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