

DATE: September 14, 2023

ALL PLAN LETTER 23-025
SUPERSEDES ALL PLAN LETTER 99-005

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: DIVERSITY, EQUITY, AND INCLUSION TRAINING PROGRAM
REQUIREMENTS

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance regarding the Diversity, Equity, and Inclusion (DEI) training program requirements.

BACKGROUND:

As articulated in the Department of Health Care Services' (DHCS) Comprehensive Quality Strategy,¹ the following domains represent DHCS' multi-pronged vision to build analytic, workforce and programmatic capacity, at all levels, to advance health equity for Medi-Cal members:

- Data collection and stratification: Complete, accurate data on race, ethnicity, disability, language, sexual orientation, and gender identity and/or expression information for Medi-Cal members will be utilized to illuminate and address health inequities regionally and across DHCS programs.
- Workforce diversity and cultural responsiveness: Medi-Cal workforce, at all levels, should reflect the diversity of the Medi-Cal population and always provide culturally and linguistically appropriate care.
- Eliminating health disparities: Eliminate racial, ethnic, and other disparities within the Medi-Cal population and support policy efforts to eliminate disparities, driven by health-related social needs, between Medi-Cal members and commercial or other Medicare populations.

The MCP DEI training program is a core part of this effort and will support MCPs in creating a better relationship and connectivity with diverse MCP Members across populations disadvantaged by the system. Additionally, trainings can create an inclusive environment within the MCP organization and externally with Network Providers, and other community-based contractors and staff with lived experience improving MCP

¹ DHCS' Comprehensive Quality Strategy is available at:

<https://www.dhcs.ca.gov/services/Pages/DHCS-Comprehensive-Quality-Strategy.aspx>

Members' outcomes by enhancing access to care, reduction of health disparities, and overall better quality of care. For purposes of this APL, the DEI training program includes sensitivity, diversity, cultural competency and cultural humility, and health equity training programs.

Culture is comprised of, but not limited to, belief systems, rituals, values, norms, and practices. Organizational cultural competency is the ability of health care organizations and individuals to actively apply knowledge of cultural behavior and linguistic issues when interacting with Medi-Cal members from diverse cultural and linguistic backgrounds. Cultural competency requires the recognition and integration by the health care professionals of Medi-Cal members' behaviors, values, norms, practices, attitudes, and beliefs about disease causation and prevention into health care services provided. Development and incorporation of these interpersonal and intracultural skills should effect a positive change in the manner in which health care is delivered to culturally diverse Medi-Cal members. Culturally competency enables improved communication between Providers and Medi-Cal members who may be from different ethnic and cultural backgrounds. Culturally competent care ultimately leads to improved access and health outcomes.

POLICY:

In alignment with the timeline presented in Appendix A, MCPs must develop a DEI training program that encompasses sensitivity, diversity, cultural competency and cultural humility, and health equity trainings, for all MCP staff, and Network Providers regardless of their cultural or professional training and background.² All trainings must be specific to MCP Member demographics including, but not limited to Members' sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, health status, marital status, gender, gender identity, sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56, within specific regions.³ The DEI training program must align with the National Committee for Quality Assurance (NCQA) Health Equity Accreditation Standards.⁴

Guidelines for MCP Administration Implementation:

An MCP's Chief Health Equity Officer (HEO) must oversee the DEI training program, and ensure that all MCP staff, as well as the MCP's Subcontractors, Downstream

² 2024 Contract, Exhibit A, Attachment III, Subsection 5.2.11 (Cultural and Linguistic Programs and Committees). MCP boilerplate Contracts are available at:

<https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

³ State law is searchable at: <https://leginfo.legislature.ca.gov/>.

⁴ The NCQA Health Equity Standards and Guidelines can be purchased at:

<https://store.ncqa.org/>.

Subcontractors, and Network Providers, receive the mandatory DEI trainings. The HEO must review all training materials issued by the MCP and ensure content is up-to-date, evidence-based, and includes best practices for serving MCP Members that are specific to the MCP's servicing counties.⁵ The MCP must develop a mechanism for monitoring DEI training completion, deficiencies, and record maintenance. The developed monitoring mechanism must include disciplinary actions the MCP will enforce for individuals with a grievance concerning discrimination filed against them. Additionally, MCPs must annually inform the Quality Improvement and Health Equity Committee of the DEI training program with reports that must include at a minimum: training program materials; compliance reports; and any adjustments made to the original training program.

Guidelines for DEI Training and Education Program:

The DEI training program must be region specific and at a minimum include consideration of health-related social needs that are specific to the MCP's servicing counties, regional demographics, and disparity impacts of all of the MCP's current Members including but not limited to the Seniors and Persons with Disabilities population; those with chronic conditions; those with Specialty Mental Health Service and/or Substance Use Disorder needs; those with intellectual and developmental disabilities; and children with special health care needs. The DEI training program must also incorporate the following:

1. Explicit consideration and acknowledgement of structural and institutional racism and health inequities, and their impact on MCP Members, staff, Network Providers, Subcontractors, and Downstream Subcontractors.
2. Information about relevant health inequities and identified cultural groups in the MCP's service area, which includes but is not limited to:
 - a. The groups' beliefs about illness and health;
 - b. MCP Member experience, including perceived discrimination and the impacts of implicit bias;
 - c. Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more (LGBTQIA+) concerns, including asking for and respecting the name and pronouns MCP Members and family members use and avoiding assumptions about partners, spouses, and children;⁶
 - d. Need for gender affirming care;

⁵ See APL 19-017, Quality and Performance Improvement Requirements, or any superseding APL. APLs are searchable at:

<https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

⁶ LGBTQIA+ is an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. These terms are used to describe a person's sexual orientation or gender identity.

- e. Methods of interacting with Providers and the health care structure;
 - f. Traditional home remedies that may impact how the Provider should treat the MCP Member; and
 - g. Language and literacy needs.
3. Accommodation of different learning styles (e.g., visual, auditory, or written) and strategies to promote motivation and incentives to integrate concepts into practice and behavior change.
 4. Components to the training should allow for observational assessments and evaluation strategies.
 5. Community input and advisement on development of the training as well as relevant issues, barriers, and discrimination within specific MCP service locations and counties.
 6. Development of a process for evaluating and determining the need for special initiatives regarding material to be included in the DEI training program.
 7. Recruitment and retention of staffing that represents the community they serve, are responsive to community needs, and dedicated staff who apply the DEI training program principles.
 8. Assessment of the MCP's staff, Subcontractors, Downstream Subcontractors, and Network Providers for incorporating DEI training goals into their interactions with MCP Members and staff with lived experience.
 9. Designated staff for coordinating and facilitating the integration of DEI training guidelines.
 10. Establishment of an array of communication tools for distributing information to MCP staff, Subcontractors, Downstream Subcontractors, and Network Providers.
 11. Participation with government, community, and educational institutions in matters related to best practices encompassing the principles of DEI training so that they may be integrated into the MCP's specific DEI training program.
 12. Evaluation of the effectiveness of the DEI training program strategies for improving the health status of diverse populations with applicable alterations to the DEI trainings.
 13. Provision of training in multiple formats (e.g., braille, large print, audio, translations, etc.) as requested by MCP staff, Subcontractors, Downstream Subcontractors, and Network Providers.

New Staff and Provider Training Requirements

MCPs must provide DEI training to new MCP staff, Subcontractors, Downstream Subcontractors, and Network Providers serving MCP Members within 90 days of start date that reflects the above criteria. The objective is to teach participants an enhanced awareness of diverse imperatives and issues related to improving access and quality of care for MCP Members.

Ongoing Staff and Provider Education and Training

MCPs must implement comprehensive and ongoing DEI training for all MCP staff, Subcontractors, Downstream Subcontractors, and Network Providers serving Members during times of re-credentialing or contract renewals.

Ongoing Evaluation and Feedback for DEI Training Program

The HEO must conduct annual evaluation, or on a more frequent basis as necessary for evolving best practices, of its DEI education and training program by using the following strategies:

1. Identifying opportunities for education and training based on analysis of health outcomes impacted by cultural and linguistic issues;
2. Specifically addressing training deficiencies found in the health care delivery systems with educational solutions;
3. Instituting methods to utilize and network with community-based organizations that work with diverse communities for appraisal of educational efforts;
4. Involving community leadership and decision-makers, including those with lived experience, in the design and development of education evaluation programs; and
5. Engaging with the MCP Community Advisory Committee for continued DEI training program recommendations and feedback for consideration.

Sources from these ongoing evaluations may include encounter data analyses; feedback from MCP Members, staff, and Providers; self-assessments; and outside audits.

Sharing and Exchange of Educational Resources

MCPs located in the same county must coordinate DEI trainings that are reflective and encompassing of the criteria outlined in this APL so that if an MCP, Subcontractor, Downstream Subcontractor, or Network Provider completes the training for one MCP within the same county, then they will have met the obligation to complete the training for all other MCPs within the same county and can provide an attestation of training completion. All MCP HEOs within a similar geographical region or county must collaborate on DEI training criteria to ensure alignment and accurate training records.

Dissemination of Information

Each MCP must develop a system of communication to ensure coordination and dissemination of cultural and linguistic information and activities to MCP staff, Subcontractors, Downstream Subcontractors, and Network Providers.

Incorporating DEI Training into the Quality Improvement and Health Equity Transformation Program (QIHETP):

The HEO must incorporate the DEI training program within the QIHETP goals for quality improvement (QI) and health equity projects pertaining to cultural needs of the MCP's Members. These projects may assist the MCP in refining its delivery of health care services to achieve the optimum quality of care for its diverse membership. The purpose of QI, as it relates to culturally and linguistically diverse services, is to continuously improve service delivery and quality of care for populations disadvantaged by the system. The QI process should provide essential information to health care Providers and MCP Members about the effectiveness and appropriateness of an MCP's culturally and linguistically diverse services. The HEO must integrate components of DEI training priorities into the QIHETP allowing MCP Members to assess whether an MCP meets their culturally and linguistically diverse needs, and will in turn provide the MCP with feedback to assist it in developing and implementing strategies to further refine its operations and quality of care.

MCPs must institute, at a minimum, the following:

1. DEI training program evaluation within ongoing QI programs (see Appendix B);
2. Evaluation of staff and MCP Members' grievances and complaints regarding discrimination, cultural biases, or insensitive practices;
3. Evaluation of MCP Member's language access services to include written and oral interpretation services and ability to request auxiliary aids for both in-person office visits and telehealth visits;⁷
4. Evaluation of MCP Members' satisfaction regarding culturally competent care;
5. Monitoring of any actions taken by the United States Equal Employment Opportunity Commission regarding discriminatory practices by medical groups and other Subcontractors;
6. Methods to identify health care needs of diverse MCP Members, and conduct assessments to monitor the effectiveness of health care services; and
7. Provision of information on MCP's quality performance upon request to MCP Members in a format that is easily understood.

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCO) contract manager within 90 days of the release of this APL. If an MCP determines that no

⁷ For more information on language assistance services, see APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, or any superseding APL. For any MCPs offering commercial line of businesses, changes to Language Assistance Program descriptions will need to be filed with the Department of Managed Health Care.

changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCO Contract Manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are further responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters.⁸ These requirements must be communicated by each MCP to all Subcontractors and Network Providers. DHCS may impose Corrective Action Plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. For additional information regarding administrative and monetary sanctions, see APL 23-012, and any subsequent iterations on this topic. Any failure to meet the requirements of this APL may result in a CAP and subsequent sanctions.

If you have any questions regarding this APL, please contact your MCO Contract Manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division

⁸ For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.

Appendix A

Implementation Timeline

- » Phase 1: By January 1, 2025—Training Development
 - January 1, 2024—July 1, 2024
 - New MCPs learn about their servicing populations and MCP partners within the region.
 - MCPs assess specific needs for the servicing regions, biases, and Member experiences.
 - July 1, 2024—December 31, 2024
 - MCPs begin to develop their DEI training program.
 - Cross collaboration with partnering regional MCPs.
 - MCPs submit DEI Training Programs to DHCS for review and approval.
- » Phase 2: By January 1, 2026—Training Completion
 - January 1, 2025—July 1, 2025
 - MCPs begin to pilot the DEI Training Program.
 - MCPs assess the training program and address issues/concerns learned from the pilot.
 - July 1, 2025—December 31, 2025
 - Training completion required for all MCP staff, Contractors, Subcontractors, downstream Subcontractors, and Network Providers.

Appendix B

Quality Measurements must be based on timely, valid, and reliable data that, at a minimum, aligns with NCQA Health Equity Accreditation (HEA) achievement and HEA standards for collecting Race/Ethnicity, Language, Gender Identity and data. Sources of data may include, but are not limited to the following:

1. Self-assessment survey data
2. Patient satisfaction survey data
3. Provider survey data
4. Disenrollment survey data
5. Quality of care studies
6. Provider office review instruments
7. External audits
8. Administrative data
9. Population Health Management Service data
10. Grievance and Appeals data
11. Community Advisory Committee feedback and advice
12. Medi-Cal Accountability Set Performance Measures
13. Medi-Cal Rx data feeds
14. Population Health Management Program Key Performance Indicators