Providing culturally competent care

- The following webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare and Medicaid Services (CMS).
- This webinar will:
  - Define Cultural Competency and CLAS; and
  - Provide examples from various organizations of CLAS-related activities.
Providing Culturally Competent Care: Meeting the LTSS Needs of Dually Eligible Beneficiaries
Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare and Medicaid Services (CMS) to help ensure beneficiaries enrolled in Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to Medicare-Medicaid enrollees, MMCO develops technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

- To learn more about current efforts and resources, visit Resources for Integrated Care at: https://www.resourcesforintegratedcare.com.
Introductions

- **Darci L. Graves**
  Special Assistant to the Director, CMS Office of Minority Health

- **Jenna McDavid**
  National Managing Coordinator, Diverse Elders Coalition

- **Lisa Waisath**
  Director, Nikkei Manor Assisted Living, Keiro Northwest
Introductions

- **Kiet Blakes-Thompson**
  Director, One Care LTSS Coordination, Boston Center for Independent Living

- **Gabriel Uribe**
  Independent Living & Diversity Services Manager, Inland Empire Health Plan
After this webinar participants will be able to:

- Recall basic knowledge of the diverse demographics of dually eligible beneficiaries and of existing disparities
- Recognize strategies for identifying the preferences and needs of diverse dually eligible beneficiaries receiving LTSS
- Identify effective approaches to providing culturally-competent LTSS to dually eligible beneficiaries
- Recognize strategies for training the LTSS workforce to achieve cultural competence
Culturally Competent LTSS for Medicare-Medicaid Beneficiaries

Darci L. Graves,
Special Assistant to the Director, CMS Office of Minority Health
CMS Health Equity Framework

- Increasing understanding and awareness of disparities
- Developing and disseminating solutions
- Implementing sustainable actions
The capacity for individuals and organizations to work and communicate effectively in cross-cultural situations through the adoption and implementation of strategies to ensure appropriate awareness, attitudes, and actions and through the use of policies, structures, practices, procedures, and dedicated resources that support this capacity.

Defining Culturally and Linguistically Appropriate Services (CLAS)

Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.

Examining Points of Contact

- Call Center
- Marketing
- Clinical Staff
- Education & Outreach
- Beneficiary/Resident
- Surveys & Evaluations
- Facility
- Non-clinical Staff
- Paperwork
Examples of CLAS

- Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization’s planning and operations.

- Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.

- 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.

4. HHS OMH, National CLAS Standards
Examples of CLAS (cont.)

- 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.
- Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

4. HHS OMH, National CLAS Standards
Percent of All Medicare-Medicaid Beneficiaries by Age (2006-2016)

Percent of All Medicare-Medicaid Beneficiaries by Race and Ethnicity (2006-2016)

Percent of All Medicare-Medicaid Beneficiaries by Race and Ethnicity, Excluding White (2006-2016)

### Percent Medicare-Medicaid Beneficiaries with LTSS by Race and Ethnicity* (2012)

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<th>Home Health or Personal Care Services</th>
<th>Nursing Facility Service Institutional LTSS</th>
<th>Other INST LTSS</th>
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<tr>
<td>White</td>
<td>42%</td>
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*Unpublished CMS analysis, conducted in March, 2018, using December 2012 data from CMS’ Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS)*
Resources on Understanding/Addressing Disparities

- Mapping Medicare Disparities Tool
- Compendium of Resources for Standardized Demographic and Language Data Collection
- A Practical Guide to Implementing the National CLAS Standards
- Guide to Developing a Language Access Plan
Disparities in LTSS for Diverse Older Adults

Jenna McDavid,
National Managing Coordinator, Diverse Elders Coalition
Who We Are

- Founded in 2010
- Strengthening policies and programs that enhance the health/well-being of diverse elders
- Focus on several communities: racially and ethnically diverse people; American Indians and Alaska Natives; and lesbian, gay, bisexual and/or transgender (LGBT) people
- Large numbers of diverse elders face financial difficulties; Medicare and Medicaid are critically important to their health and economic well-being
Our Coalition Members
Aging with Health and Dignity: Diverse Elders Speak Up

- In 2016, the Diverse Elders Coalition collected nearly 5,000 comments from diverse elders and caregivers across the country.

- We shared these comments with the Administration for Community Living to inform their plan for ensuring that services meet the needs of diverse elders.
Examples of Existing Disparities: Hispanic Older Adults

- About one in ten Hispanic older adults accesses Older Americans Act services such as Meals on Wheels or the National Family Caregiver Support Program, although Hispanic seniors have higher rates of poverty and chronic illness compared to white seniors.
- Hispanic seniors commonly cited language barriers to accessing services.
Examples of Existing Disparities: American Indian Older Adults

- American Indian older adults and their family members want more LTSS options and services, but experience access barriers, such as limited accessibility and few providers willing to travel to Indian Country.

- LTSS providers that serve tribal areas do not have strong bonds with tribal communities and tribal governments, which affects their ability to ensure that the services provided are sensitive to the traditions and beliefs of American Indian Elders.

- LTSS providers may not understand the roles of customs, such as traditional clothing.
Examples of Existing Disparities: LGBT Older Adults

6. SAGE. (2016). Federally-Supported Services for LGBT Older Elders: Why Do LGBT Older Adults Need Support?
Examples of Existing Disparities: Southeast Asian American Older Adults

Southeast Asian American elders are **2x** as likely to live in poverty than elders overall.

Poverty rates for individuals 65 and over:

- 22% Hmong
- 22% Cambodian
- 18% Laotian
- 17% Vietnamese
- 13% Asian American
- 9% US overall

Source: 2010 Census

Over 85% of Vietnamese, Laotian, Cambodian, and Hmong older Americans are limited English proficient.

Percent of AAPI Older Adults who are Limited English Proficient:

- 90% Hmong
- 87% Cambodian
- 86% Laotian
- 85% Vietnamese
- 69% Chinese
- 60% Thai
- 56% AAPI
- 22% Japanese
- 8% Total

Percent of AAPI Older Adults in Linguistically Isolated Households:

- 46% Vietnamese
- 45% Korean
- 40% Chinese
- 36% Malaysian
- 36% Laotian
- 31% Cambodian
- 29% Thai
- 27% Hmong
- 27% AAPI

Many of these elders live in households where no one speaks English.

Source: US Census '09-11 ACS, 3 year estimates

7. SEARAC. (2016). Southeast Asian Americans #TellACL.
“It is essential to the health, well-being and dignity of our communities that the staff providing health care and social services to diverse elders have undergone cultural competency training for the populations they serve; even better, if these providers are members of the communities themselves.”

- Provide services in the elder’s native language to accommodate their needs and preferences.
- Collect disaggregated data by specific subgroups to provide a complete picture of diverse communities and their needs.

Culturally Competent LTSS in Action: The Keiro Northwest Way

Lisa Waisath,
Director, Nikkei Manor
Assisted Living, Keiro Northwest
About Keiro Northwest

- *Keiro* means “respect for our elders”
- Forty-year-old nonprofit organization primarily serving Asian elders
- Originally a skilled nursing facility built by second-generation Japanese-Americans (“Nisei”) to take care of aging first-generation (“Issei”)
- Multiple LTSS programs
  - Skilled nursing facility
  - Assisted living facility
  - Adult day social programming
  - Home care
- Currently serve 250 individuals; approximately 60 percent are Medicare-Medicaid enrollees
  - Nikkei Manor Assisted Living serves 56 individuals; 12 percent are Medicare-Medicaid enrollees
Identifying Cultural Needs and Preferences

- Nikkei Manor established in 1998 by the same second generation Japanese-Americans that built the organization.
- This group desired something other than a skilled nursing facility, and determined that they wanted an assisted living facility.
- New Nikkei Manor residents receive a nursing assessment to evaluate health and activities of daily living (ADLs)—this assessment also includes questions on preferences for language, food, and activities.
Architecture

- Aligning architecture and landscaping with cultural aesthetic
- Torii gate: special entrance
- “Japanesque” garden design, including the structure, crane motif, plants, and the name of the garden, Ichigo Ichie (One Moment in Time)
Décor

- Incorporating natural elements and color schemes
- Selecting art reflective of the culture
- Collaborating with local artists from the community
Food

- Creating a menu that accommodates Japanese and American foods
- Planning for serving size, plating, and presentation
- Including foods for special occasions
Language

- Hiring bilingual staff
- Printing calendars and menus in both Japanese and English
- Conducting resident councils in both languages, with minutes printed in both
- Sharing language with residents/clients
- Word/phrase of the month at All-Staff meetings
Activities

Games and activities include:

- Corn husking
- Mochi making (Mochizuki)
- Tea ceremonies
- Cherry blossom viewing
- Sumie calligraphy
- Hyakkunin-isshu
Music

- Sing-alongs in both languages, with both Japanese and American songs
- Traditional instruments for music activities
- Traditional dances
- Incorporating new music from Japan and Hawaii
Traditions / Customs

- Incense use, permitted through fire department waiver
- Gift giving etiquette
- Room arrangements addressing feng shui
- Preferences for physical contact, such as handshakes, as well as eye contact
Celebrations

- Celebrating birthdays and milestones
- Celebrating cultural holidays, such as Keiro no hi (respect for elders day)
- Breaking of the sake cask – kagami biraki kampai
Cultural Community Connections

As keeping a sense of identity is important to residents, facilitate connections to other organizations in the community:

- Advocacy groups
- Internment camp visits
- Nisei Veterans
- Culturally-sensitive counseling services
General Community Connections

Help residents maintain connection to broader community through:

- Veterans events
- Local culturally-appropriate health services, e.g., herbal pharmacy, acupuncture
- Community events, e.g., summer festival
Hiring and Training for Cultural Competence

- Almost all reception and activities staff are Japanese, as well as some caregivers and nurses.
  - Front desk staff must be bilingual
- Non-Japanese staff receive an orientation on cultural traditions and learn some Japanese through “phrase of the month.”
  - On the spot, mini “in-service training” when staff is found to have missed a cultural cue
Culturally Competent Care for People with Disabilities

Kiet Blakes-Thompson,
Director, One Care
LTSS Coordination,
Boston Center for Independent Living
Boston Center for Independent Living (BCIL): Five Core Services

- Peer Mentoring
- Skills Training
- Information and Referral
- Advocacy
- Transition
One Care

- One Care is the Massachusetts Medicare-Medicaid Financial Alignment Demonstration for adults living with disabilities who have Medicare and Medicaid coverage.
  - Capitated financial alignment initiative of service delivery in which CMS, Massachusetts, and One Care plans enter into three-way contracts to provide comprehensive, coordinated care.

- This program implements a consumer-driven care team comprised of medical professionals and long-term care coordinators.

- BCIL contracts with the Commonwealth Care Alliance, one of the two One Care health plans, to provide LTSS coordination services for their members.
LTSS Coordinators

- Once enrolled into the One Care program, members have the right to have an independent living and LTSS coordinator (LTSSC) on their care team.
- LTSSCs find resources and services within the member’s community that support wellness, independence, and recovery goals.
- LTSSCs are not employed by One Care but by independent community organizations, such as BCIL. This ensures that LTSSCs can advocate for the member’s needs in an unbiased manner.
How LTSSCs Exhibit Cultural Competency

- The health plan’s initial referral to BCIL is a starting place for assessing the needs of members. For example, the referral should include information on the member’s native language. This knowledge will prevent an ineffective encounter and possible embarrassment or inadvertent alienation.

- LTSSCs often travel to locations requested by the member. Becoming familiar with these areas serves as both a safety tactic and potentially a rapport-building topic of conversation for the LTSSC and the member.

- LTSSCs are matched to members through a holistic approach that considers their cultural backgrounds and personalities.

- LTSSCs have had major success using personal experiences in their day-to-day interactions with members to relate to members. Sharing commonalities such as language, education, family traditions, and marital status leads to strong member-LTSSC relationships.
Achieving Cultural Competence

- Hiring individuals from diverse backgrounds
  - LTSSC candidate qualifications include cultural competence and, ideally, bilingual status, with an emphasis on individuals’ experiential knowledge

- Language
  - BCIL staff speaks English, Spanish, Portuguese, Haitian Creole, Cape Verdean Creole, German, French, Luganda, Swahili, and Runyankore. Other languages accommodated through Language Line

- Collaboration with community organizations that are culturally competent
  - Organizations that serve BCIL clients also serve as a resource to staff, e.g., provide training and guidance on relevant issues, including homelessness and legal aid

- Staff training series
  - E.g., on best practices for working with transgender clients
Case Study 1: “Beverly”

- African-American female member in mid 30s
- African-American female LTSSC in early 30s
- Member was initially mistrusting due to past experiences where she received services but did not have ongoing relationships with providers to coordinate those services
- Eventually, the LTSSC was able to develop rapport with the member and establish a relationship based on their shared background
- Member is now open to receiving the LTSS that she needs
Case Study 2: “Maggie”

- Elderly Hispanic female member
- Member is recently widowed cancer survivor with depression
- Member expressed that she was more comfortable speaking in Spanish
- Member transferred to an LTSSC who was Spanish-speaking and closer in age to the member
- Member is now more receptive to in-home services and her mood has improved; through the support of her LTSSC, she has been able to pursue what is important to her, including traveling back to her home country
Culturally Competent LTSS for People with Disabilities from Diverse Backgrounds

Gabriel Uribe,
Independent Living & Diversity Services Manager, Inland Empire Health Plan
Inland Empire Health Plan (IEHP)

- Public, not-for-profit health plan serving low-income individuals and families in San Bernardino and Riverside County
- 1,249,301 members
- 25,327 dually eligible members (Cal MediConnect)
- 48,531 members utilizing LTSS
IEHP LTSS team refers members to the appropriate LTSS program:

- In-Home Supportive Services (IHSS) - members can hire caregivers to help with cooking meals and cleaning up, personal care, laundry and housekeeping, etc.
- Multi-purpose Senior Services Program
- Community Based Adult Services (CBAS) - adult day healthcare centers providing intermittent nursing, ongoing monitoring, and social services
IEHP LTSS Team

- The IEHP LTSS team was formed to address member needs and improve communication between the health plan and county to coordinate services and supports for members.

- All departments provide referrals to the LTSS Team, listening for key words indicating the team member may need an LTSS assessment, such as:
  - “I take so many pills and often forget to take them, I tend to forget many things lately. The small print on bottles don’t help either. My son helps me sort them sometimes.”
  - “It is hard to find help taking care of my mom because she only speaks Mandarin and no one else at home does and I can’t be home all the time.”

- All staff who have member contact are trained in-house on cultural and linguistic competency and disability sensitivity, using materials from the Industry Collaborative Effort on topics such as LGBT cultural competence and immigrant and refugee concerns.
  - IEHP contracts for additional training using web modules for providers.
Assessing Cultural Needs and Preferences

- During the assessment and interview for all LTSS programs, the IEHP LTSS team asks members and caregivers about their needs and preferences, including:
  - Social: opportunities for peer and staff engagement, presence of cultural community connections
  - Cultural: availability of cultural activities, familiarity of staff with cultural or religious traditions and customs
  - Linguistic: languages spoken by staff, availability of interpreters
Meeting LTSS Needs: IHSS

- IEHP helps connect clients to culturally competent IHSS providers:
  - While many members elect to have a family member or friend provide services, others may not have someone they know. In those cases, IEHP works with the public authority, which has a list of available caretakers, to identify candidates.
  - While IEHP does not have all the information available to identify who would be the most culturally competent and suitable candidate, they do have information on language and so that is the first method they use to narrow down the selection, along with proximity to the member.
  - IEHP works with the member or their family to interview the candidate and coaches them to ask the right questions to be sure they are comfortable receiving services from that person.
  - IEHP also coaches members to help resolve challenges that may come up with the IHSS they are receiving.
Independent Living and Diversity Services (ILDS) Unit

- Embedded within IEHP and designed to help refer members to resources and community services that fit their cultural and linguistic needs and preferences.
- ILDS has access to a network of over 500 community-based organizations that provide: independent living, transportation, assistive technology, support groups, basic needs, education supports and housing services.
- ILDS coordinates language assistance and alternate formats of resources.
Meeting LTSS Needs: CBAS Assessment and Interview

- During the assessment and interview for CBAS, the LTSS team identifies social, linguistic, and cultural needs and preferences.
- The IEHP LTSS Team has developed a list of in-network centers and contracted with CBAS centers outside of its catchment area that meet time and distance guidelines in order to accommodate cultural and linguistic needs of members.
- Members have the opportunity to tour CBAS centers in order to ensure that the center meets their cultural and linguistic preferences.
Case Study 3: “Mary”

- 55-year-old female with cancer reoccurrence who recently moved to California, seeking services from IEHP while establishing care
- Vegetarian diet and on a naturopathic treatment plan for her cancer
- Observes a day out of the week as her Sabbath and requests any supports provided on her Sabbath are not provided by a paid caregiver
- Screened as likely eligible for IHSS due to her advanced cancer reoccurrence and is presented to the interdisciplinary care team for wrap around supports
Case Study 3: “Mary”—Response

- **LTSS Unit** shared member’s wishes with County IHSS and County Public Authority.

- **ILDS Team** linked the member to community-based resources provided by the local faith community.
  - ILDS encouraged the Member to post a “caregiver wanted ad” for a caregiver experienced in vegetarian food preparation with similar faith and cultural practices.

- **Care Management (CM) Team** helped the member establish care with a primary care provider at a medical group affiliated with the member’s faith denomination.
  - Shared with new provider the member’s desire to be treated naturopathically.
Case Study 3: “Mary”—Outcome

- The member’s provider understood her faith tradition and respected her wishes.
- With the support of the CM team, the member successfully hired a caregiver that was part of her faith community and respected her treatment wishes and vegetarian diet.
- Member was connected with her local faith community and developed supportive relationships near her new home.
- The CM team continues to manage the member’s case and is prepared to assist with care that is responsive to the member’s cultural needs.
## Contact Information

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<th>Name</th>
<th>Email</th>
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<td>Darci L. Graves</td>
<td><a href="mailto:Darci.graves@cms.hhs.gov">Darci.graves@cms.hhs.gov</a></td>
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<td>Jenna McDavid</td>
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</tbody>
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Sources


3. Graves, D. (2001). Your golden rule might not be mine and other lessons learned from cultural competency. Workshop presented as part of Year One Orientation at the University of Missouri-Kansas City School of Medicine.

4. HHS OMH, National CLAS Standards. [https://www.thinkculturalhealth.hhs.gov/clas](https://www.thinkculturalhealth.hhs.gov/clas)


Resources

- Mapping Medicare Disparities Tool
- Compendium of Resources for Standardized Demographic and Language Data Collection
- A Practical Guide to Implementing the National CLAS Standards
- Guide to Developing a Language Access Plan
- National Asian Pacific Center on Aging (NAPCA) Technical Assistance
- National Indian Council on Aging (NICOA) Technical Assistance
- SAGECare
- National Resource Center on LGBT Aging
- Diverse Elders Coalition: Aging with Health and Dignity, Diverse Elders Speak Up
- The Boston Center For Independent Living
- One Care information-Massachusetts
- BPHC -SHINE Program
- Industry Collaborative Effort (Cultural Competence Trainings)
- RIC Cultural Competence Page