

Policy and Procedure

DEPARTMENT: Compliance / Operations	DOCUMENT NAME: Organizational Cultural Competency
PAGE: 1 of 3	REPLACES DOCUMENT:
APPROVED DATE: 9/2015	RETIRED:
EFFECTIVE DATE: 9/2015	REVIEWED/REVISED: 8/16, 7/17, 7/18, 6/19, 7/19, <u>5/20</u>
PRODUCT TYPE: All	REFERENCE NUMBER: LA.COMP.50

SCOPE:

This policy impacts all employees and departments in Louisiana Healthcare Connections (LHCC). Each department is required to meet the cultural and linguistically appropriate service (CLAS) Standards that are interwoven in their core business areas.

PURPOSE:

The purpose of this policy is to provide guidance and information pertinent to LHCC's CLAS Program. LHCC recognizes the importance of cultural competency in advancing health equity, improving quality, and helping eliminate health care disparities. LHCC utilizes the Office of Minority Health's National CLAS Standards as a blueprint for advancing and sustaining culturally and linguistically appropriate services for our members.

POLICY:

In accordance with 42 CFR 438.206, LHCC has a comprehensive CLAS Program to ensure that all members receive equal care regardless of his/her background. This includes culture, language (including limited English proficiency), national origin, religion, sexual orientation, gender identity, sex, race, ethnicity, disability, health status, or age. The CLAS Program Description describes LHCC's plan to ensure that services are provided in a culturally competent manner to all enrollees, including all services and settings. The CLAS Program Description describes how providers, health plan employees, and systems must effectively provide services to members in a manner that recognizes, values, affirms, and respects the worth of the individual enrollees and protects and preserves the dignity of each. The CLAS Program Description will be updated and approved by the CLAS Task Force on an annual basis.

PROCEDURE:

1. It is the responsibility of the CLAS Task Force to annually develop a CLAS Program description (Attachment A). The program description shall include:
 - A. A description of how services will be provided in a culturally competent manner to all members. This may include, but is not limited to:
 - i. Upholding all legal and contractually required responsibilities for culturally competent services.
 - ii. Associate Cultural Competency Training
 - iii. Provider Cultural Competency Training
 - a. Mechanisms for provider training may include:
 - i. Provider Manual
 - ii. Provider Orientation
 - iii. Provider Workshops

- iv. Opportunities for and assistance in obtaining CEUs and CMEs in Cultural Competency
 - b. The aggregate of all required training for behavioral health providers is a minimum of three (3) hours. Training for physical health providers is strongly encouraged but not a requirement.
 - iv. Associate and Provider network diversity
 - v. The Provision of Language services for members with Limited English Proficiency (LEP).
 - vi. Monitoring CLAS-related complaints and grievances.
 - vii. Monitoring member demographics for updating and modifying services as the population requires.
 - viii. Monitoring the administration of cultural competency services by the plan and providers.
- B. Annual Program Objectives.
2. Annually, the CLAS Program Description will be approved by the Task CLAS Force, then approval by the Quality Performance Improvement Team Meeting and Quality Assurance Performance Improvement Meeting.
 3. The CLAS Program Description shall be available for all associates, as well as Providers upon request.
 4. LHCC shall complete an annual evaluation of the effectiveness of its CLAS Program. This evaluation may include results from the Program Objectives, CAHPS, or other comparative member satisfaction surveys, outcomes for certain cultural groups, member grievances, member appeals, provider (practitioner) feedback and health plan employee surveys. Interventions will be implemented for issues identified in the evaluation for improvement to the provision of services.

REFERENCES : RFP: Section T: Part VI Marketing and Member Materials Section
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ATTACHMENTS: CLAS Program Description
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DEFINITIONS:

CLAS: Culturally and Linguistically Appropriate Services

Cultural Competency: A set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance, and respect for cultural differences and similarities within, among, and between groups and the sensitivity to know how these differences influence relationships with Members.

LEP: Limited English Proficiency

LHCC: Louisiana Healthcare Connections

REVISION LOG

REVISION	DATE
Updated departments from Compliance and Quality Improvement to Compliance, as cultural competency is no longer part the Quality Department.	8/4/16
Procedure 1.A.iii.b updated per state clarification on the requirement. Three hours Cultural Competency training required for behavioral health providers and strongly encouraged for physical health providers.	8/4/16
Added Attachment A: Updated and Approved Program Description	8/4/16
Fixed capitalization error in “Purpose” section	7/11/17
Replaced Attachment A with approved/updated 2017 CLAS Program Description	7/11/17
Replaced Attachment A with approved/updated 2018 CLAS Program Description	6/15/18
Replaced Attachment A with 2019 CLAS Program Description.	6/24/19
Updated Action Item grid	7/25/19
Replaced Attachment A with 2020 CLAS Program Description	05/08/2020

POLICY AND PROCEDURE APPROVAL

In accordance with the use of Centene Corporate and LHCC RSA Archer software program, an electronic approval of this policy and procedure substitutes for a written signature.

V.P. of Compliance and Reporting: _____ *Approval on file*

V.P. of *Quality Operations*: _____ Approval on file _____

ATTACHMENT A

2020-19 CLAS Program Description

INTRODUCTION

Louisiana Healthcare Connections (LHCC) is committed to establishing multicultural principles and practices throughout its organizational systems of service and programs as it works towards the critical goal of developing a culturally competent service system. It is the goal of LHCC to reduce healthcare disparities and increase access to care by providing quality, culturally competent healthcare through strong doctor-patient relationships. LHCC believes all members deserve quality healthcare regardless of their background, and we are committed to ensuring that members receive needed services in a manner that recognizes, values, affirms, and respects the worth of each individual by adhering to the National Standards on Culturally and Linguistically Appropriate Services (CLAS standards: See Appendix A). LHCC will work to minimize all barriers to care and to preserve the dignity of our members by utilizing CLAS standards, developed by the U.S. Department of Health and Human Services' Office of Minority Health. Implementing CLAS standards provides LHCC will clear direction to ensure that LHCC will provide culturally competent services to its members.

CULTURAL AND LINGUISTIC COMPETENCY: WHAT IS IT AND WHY IS IT IMPORTANT?

As defined by the Louisiana Department of Health (LDH), "Cultural Competency" is defined as a set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance, and respect for cultural differences and similarities within, among and between groups and the sensitivity to know how these differences influence relationships with Members. This requires a willingness and ability to draw on community-based values, traditions and customs, to devise strategies to better meet culturally diverse member needs, and to work with knowledgeable persons of and from the community in developing focused interactions, communications, and other supports. LHCC seeks to additionally define cultural competency as a set of values and principles which are integrated and reflected within the policy making, administration, practice, service delivery, and systematic involvement of LHCC employees, subcontractors, providers, community and key stakeholders to result in appropriate and effective services for all members. It is also the promotion of quality services to underserved, racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs, and practices into diagnostic and treatment methods, and throughout the system to support the delivery of culturally relevant and competent care. It is a process of continuous quality improvement.

Linguistic Competency is a component of Cultural Competency. It is defined as LHCC's capacity to communicate effectively, and convey information in a manner that is easily understood by diverse audiences. Linguistic competence involves the development of interagency and internal capacity to respond effectively to the health literacy and communication needs of the populations served. This includes populations with Limited English Proficiency (LEP).

Striving towards cultural and linguistic competency is important because the ability to communicate successfully across barriers directly affects the members' treatment and outcome. Cultural competency in healthcare is important to be effective and avoid misunderstandings that can be costly in the relationship with our members, their health, as well as financial expense. Better cross-cultural and linguistic communication can also play a role in reducing health disparities, which are prevalent in Louisiana and nationally. Some health disparities include:

- Minority Americans tend to receive less care, and lower-quality care, than the majority (white) population¹
- The number of diabetes deaths is nearly two times higher among African Americans in Louisiana than Caucasians.²
- Spanish-speaking Latinos are less likely than English-speakers to receive all the recommended services in which they are eligible for prevention and chronic disease management.³
- Nationally, American Indians and Alaska Natives are one and a half times more likely to suffer from asthma than Caucasians.⁴
- Nationally, Caucasian women are almost one and a half times more likely to die from breast cancer and African Americans are almost twice more likely to die from breast cancer than Hispanic women.⁵
- The infant mortality rate is almost one and a half times greater in Louisiana than the national average.⁶

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity. LHCC utilizes these National standards to establish a framework to serve our increasingly diverse members, who are all deserving of equitable healthcare, regardless of their background. LHCC's Cultural Competency efforts and processes are described in each section of the CLAS Standards below.

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."

Equitable care is part of our core business model. Two of our company's core values are sensitivity and compassion. We are sensitive because we support diverse community and cultural values. We are compassionate because we treat everyone with kindness, dignity and respect. This is regardless of the background of our members. We believe they all deserve quality care and services that are responsive to their diverse 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."

Chaired by our Vice President of Compliance, the Task Force includes management staff from our Customer Services, Provider Services, Contracting and Network Development, Medical Management, Marketing, Training, and Quality Departments, as well as our Chief Medical Officer (CMO) and other

¹ Smedley BD, Stith AY, Nelson AR, eds. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: National Academies Press, 2003.

² State Health Facts, Kaiser Family Foundation. <http://kff.org/statedata/> Accessed 6/17/19.

³ Primary language and receipt of recommended health care among Hispanics in the United States. Cheng EM, Chen A, Cunningham WJ Gen Intern Med. 2007 Nov; 22 Suppl 2():283-8.

⁴ State Health Facts, Kaiser Family Foundation. <http://kff.org/statedata/> Accessed 6/17/19.

⁵ State Health Facts, Kaiser Family Foundation. <http://kff.org/statedata/> Accessed 2/14/17.

⁶ State Health Facts, Kaiser Family Foundation. <http://kff.org/statedata/> Accessed 6/17/19.

senior leadership staff. Our task force and management level staff involvement ensures buy-in for a robust CLAS Program that involves all levels of the organization.

3. “Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.”

LHCC is a health plan built from the ground up in Louisiana, by—and for—Louisianans. Our Louisianan workforce helps us create an organization that is reflective and responsive to the population in our service area. About 90% of our current Medicaid Customer Service staff were born and bred in Louisiana, and we understand the unique characteristics of this State’s multiple cultures. We share the accents, we know how to pronounce the names of our towns, and when we talk with members, they hear familiar voices. This helps us establish trust and get a foot in the door with those who may be wary of outsiders, and helps us provide culturally competent services.

Additionally, we have Community Health Services staff that have created a network of collaboration that fosters community support and trust, empowering LHCC to more effectively provide health education to our members and their communities. Community Health Service Representatives conduct in-person outreach to members who are difficult to reach, difficult to engage, and have more intensive needs for support and assistance. We also work to recruit staff who reflect the diversity of those we serve.

LHCC prioritizes recruiting providers who have traditionally served the state’s Medicaid populations as these providers are often familiar with the unique characteristics, needs, and cultural considerations of the Bayou Health population. If providers lack the cultural competence necessary to effectively respond to our diverse membership’s needs, members may avoid, or have difficulty, accessing needed care, engaging in care, and being adherent to treatment and medication regimens. Our network includes a broad representation of providers, including safety net and essential providers who have historically served, and are familiar with, Medicaid members and the diverse cultures of our state. By contracting with community-based, locally staffed organizations (such as FQHCs and RHCs) that typically employ providers with experience in addressing the cultural and health care needs of their communities, we help ensure regional pools of providers who share our commitment to culturally competent, patient-centered care. After a CLAS Network Assessment, LHCC identifies areas where there may be a need for providers that speak a specific language, given the high volume of specific member communities in a given area. We then evaluate the interventions that are needed to address those gaps. For instance, if an area shows a high Spanish-speaking population, Provider Consultants talk with providers in that area to ensure they are aware of our cultural competency standards as well as the availability of our interpretation services.

4. “Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.”

LHCC requires all associates, regardless of role or responsibility, to complete our Cultural Competency Training Program upon hire, and at least annually thereafter. We also require biannual refresher training for staff with member contact, ~~including—Community~~including Community Health Service Representatives, Case Management staff, and Customer Service Representatives (CSRs). Training also focuses on the impact of culture on health care decisions, and the associate’s own culture and potential biases, including ethnicity and gender. We also provide disability sensitivity training, including topics on People First Language, the Americans with Disabilities Act, and misconceptions about persons with physical and behavioral disabilities. Our Health Plan Trainer is responsible for developing and providing training.

We also provide training to the providers in our network. During initial orientation and ongoing provider training workshops, we provide cultural competency information, such as cultural sensitivity, special needs of target populations, linguistic competence, tribal awareness and processes for using our telephonic interpretation line for LHCC member appointments. We emphasize provider practice requirements and expectations, such as compliance with the ADA and Civil Rights Act (CRA) related to providing services in an appropriate manner to members who are hearing impaired and members with LEP, and guidance about the use of staff members as interpreters and adherence to HIPAA when using interpreters not provided via LHCC.

LHCC also educates providers on cultural competency via our Provider Manual and website. LHCC provides free resources, as well as tools to improve provider/patient communication. We provide education about how to meet language and communication needs and access interpreters in our Provider Manual, which addresses our policies on cultural competency and standards for accessibility, including ADA and LEP requirements. The Provider Manual details the provider's responsibility to ensure that members understand that they have access to medical interpreters, signers, and TDD/TTY services to facilitate communication at no cost to them.

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."

To meet the communication needs of our members, LHCC utilizes interpretative and communicative services by a Certified Medical Language Interpreter, whenever an in-house associate that speaks the member's preferred language is unavailable. This also includes members with disabilities or those who may have communication challenges. The encounter with each member is documented in our TruCare and our Member Relationship Management (MRM) systems so that all LHCC staff interacting with or coordinating services for the member are aware of their needs. Our Provider Relationship Management (PRM) system fully integrates with MRM, which allows us to link relevant provider and member information and easily match a member with a provider who speaks his/her primary language. Members also can search for providers via our online directory, and refine the search by languages spoken.

When a member calls LHCC, our IVR system greets callers in English and Spanish and offers all self-service options, such as obtaining an ID card in either language. If a caller selects Spanish and there is no Spanish-speaking CSR, the CSR will immediately access Voiance, our interpretation services contractor. In the rare event Voiance is unavailable or unable to accommodate our request, our backup vendor is Language Services Associates.

We strive to recruit staff who are proficient in prevalent local languages and familiar with local communities so that they can communicate effectively with members. This includes not only understanding the language, but understanding the specific cultural nuances so critical to effectively communicate with members with limited English proficiency. When a member needs care from a provider who does not speak the member's primary language, the provider or member may request interpreter services, or the Case Manager or Customer Service Representative may automatically arrange for them if the provider does not offer them. If immediate services are needed, providers can call the Provider Call Center who will connect them with an interpreter at any time. Interpretation services may include immediate telephonic interpreter service, and face-to-face interpreting, which is available by appointment. We also provide interpretation services in American Sign Language (ASL) via

Sign Language Services International, based in Baton Rouge. This range of services helps ensure that interpreting services will be available at all times.

6. “Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.”

LHCC inform members of their rights to interpreter services, as well as information about accessing interpretative services for all foreign languages and American Sign Language (ASL), and alternative communication systems for vision and hearing impairment, free of charge. The LHCC Member Handbook, provided to each member upon enrollment, informs them of these services. Internal staff is also aware of the services so they can inform members over the phone, or in person at LHCC events or health fairs. LHCC’s Member Portal is available when members contact our Call Center with questions or requests, and during Case Management and outreach activities. LHCC’s online Provider Directory also indicates the languages each provider and/or office staff speaks. Educational materials in alternative formats, including large print, braille, and auditory translation are provided as requested.

Additionally, members are periodically notified via mechanisms such as targeted outreach or mailings among language-specific populations, as well as other communications such as the member newsletter. Providers are also trained to offer language services as needed for appointments.

7. “Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.”

LHCC discourages the use of children as their parent’s interpreter, especially when PHI or clinically complex issues are discussed. This is communicated directly to Providers through training and in writing through the Provider Manual, and periodically via other methods such as the Provider newsletter.

We also ensure the competence of individuals providing language assistance by utilizing an ISO certified, award-winning language interpretation services contractor, Voiance. Voiance provides professional interpreters for more than 200 languages that meet all CMS, HIPAA, and ACA regulatory requirements.

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

LHCC provides materials in English and Spanish, including our handbook in both languages on our website. We translate all other materials as requested in any language, at no cost to members. Member materials are written at up to a grade 6.9 reading level in People First Language, and our member website is designed and maintained to be compliant with Section 508 to be used by persons with vision or other impairments.

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.”

Our CLAS Task Force is responsible for the oversight and maintenance of our CLAS Program, to help ensure that members receive care and services that are delivered in a culturally and linguistically sensitive manner. The Task Force annually approves the Cultural Competency Policy and Procedure, and

CLAS Program Description and objectives. The CLAS Task Force also evaluates the effectiveness of the cultural competency strategies and initiatives, and reports results to our Quality Assessment and Performance Improvement Committee (QAPI Committee), which incorporates relevant data and information in our annual Quality Assessment and Performance Improvement (QAPI) Work Plan.

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

Organizationally, an annual CLAS Program Evaluation is conducted to assess LHCC’s CLAS Program and investigate opportunities for improvement from a systematic and quality improvement perspective. This helps us stay engaged and assure continual improvement in cultural competency. At an associate level, LHCC continuously monitors performance to ensure culturally competent services. Quality Specialists monitor CSR performance via auditing calls every month for each CSR. Supervisors evaluate, among other elements, appropriate skills in assisting members, as well as verification that staff confirms any special needs members have in MRM systems from previous documentation. Case Management Supervisors conduct monthly random case file audits and quarterly quality assurance reviews to assess timeliness and appropriateness of Case Management activities, including arranging interpreter and sign language interpreter services when necessary. Case Management Supervisors also monitor member feedback related to cultural competence or linguistic, cultural, and disability-related access provided to Case and Chronic Care Management staff during care plan development, implementation, and monitoring.

Our provider network is also assessed for cultural competency. To ensure that our providers are in compliance with ADA, our Provider Relations staff evaluate provider office sites for ADA compliance as part of the credentialing process. LHCC requests information about accessibility from non-facility providers, such as designated disabled parking spaces and presence of an elevator in a multi-level building. Provider Relations Specialists monitor providers for cultural competency and ADA compliance during regular office visits, and can direct providers to assistance for improvement of competency and maintaining compliance with ADA.

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.”

We continually monitor our network using information about demographics, types of providers needed, historic and projected enrollment, member and provider feedback, travel distances, regional infrastructure, and special needs of the populations we serve. This allows us to pinpoint where there may be gaps in linguistic, cultural, or disability-related expertise to meet member needs, and target network recruitment accordingly. Comprehensive population assessments are also completed on an annual basis to more acutely examine membership populations and subpopulations to identify where adjustments need to be made in our staffing, policies, or procedures.

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.”

LHCC conducts an annual evaluation on its CLAS program to assess our success and identify opportunities to better serve the needs of our diverse populations. LHCC also monitors and evaluates cultural competency services provided by its staff and provider network, and the sufficiency of resources to address related issues. The CLAS Task Force monitors metrics and activities such as:

- Utilization of telephonic interpretation services, including which non-English languages members request
- Utilization of in-person interpreter services, including requested spoken languages and American Sign Language
- Member and provider complaints related to cultural competency
- Member and provider satisfaction surveys
- Member and provider advisory committee meetings
- Cultural competency initiatives progress
- Strategies to follow up on identified improvement opportunities occurs through the Quality Department and other appropriate Department(s), as well as our Quality Assurance and Performance Improvement Committee (QAPI Committee). Any identified opportunities related to cultural competency will be reported to the CLAS Task Force for use in reviewing/evaluating progress, barriers, and improvement opportunities.

LHCC also utilizes staff in the field from the areas we serve to assess community health assets and implement services that meet the needs of our membership. For instance, we have offices in Baton Rouge, Lafayette, Covington, and New Orleans, along with plans to expand into Shreveport. As well as Community Health Services field staff to reach membership in any area of our state.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

LHCC obtains feedback on how well we ensure culturally competent service delivery through our Member Advisory Council (one per GSA), Community Advisory Committee, and Provider Advisory Committee, all of which meet quarterly. To the extent practicable and relative to where committee members reside, LHCC holds some Member Advisory Committee meetings in different towns within each GSA to increase opportunities for local input. LHCC includes providers on the QAPI Committee and other appropriate committees, such as our Medical Management Committee (which serves as our required Utilization Management Committee). These committees analyze and develop strategies to address any cultural competency deficiencies or disparities in utilization and quality of services. LHCC also solicits individual provider feedback during provider training sessions and field visits.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

LHCC takes a proactive approach to prevent CLAS-related conflicts or complaints by taking a mindset of continual improvement in cultural competency. However, when CLAS-related complaints occur, we have a process to identify them and look for patterns or ways to address any opportunities from a systematic perspective. For instance, complaints that reveal a pattern indicating a need for focused provider training, our QI staff and Provider Relations staff coordinate to ensure that providers are adequately trained and monitored for improvement.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Information about our CLAS Program will be annually updated and reported up through QAPI for oversight and accountability. Periodic information about our CLAS Program and initiatives will also be disseminated in Provider communications as needed. In this way, LHCC will be held accountable for providing culturally and linguistically appropriate services.

Category/Goal	Action Item	Due Date	Responsible Party
Governance, Leadership and Workforce: Apex training and the Trailblazers program for Leadership that covers effective team communication and engagement, which includes cultural competency component	Assist the Trailblazer program owners in recruiting managers and supervisors in completing the program	December 31 st , 20 19 <u>20</u>	Training
	Report the amount of participants who have completed the program	December 31 st , 2019 <u>2020</u>	Operations <u>Quality</u>
Communication and Language Assistance: Health Disparity Initiative based on a language disparity	Verify that the identified health disparity on language for 2018 (A <u>Implement a</u> targeted outreach for Vietnamese-speaking and Arabic-speaking members, having the most non-complaint members with Well Checks across all ages.) can be used in order to do a targeted outreach and reduce a health disparity using <u>Proactive Outreach Manager (POM)</u>	December 31 st , 2019 <u>2020</u>	Operations <u>Quality</u> Analytics Marketing
Engagement, Continuous Improvement, and Accountability: Network CLAS Evaluation	Conduct a race/ethnicity, linguistic, and cultural assessment on Provider Network and Membership populations to determine to determine if the network is meeting the cultural and linguistic needs of our membership.	August 31st, 2019 <u>October 31, 2020</u>	Operations <u>Quality/Provider</u> <u>Analytics</u>
	Develop/complete action plan.	September 30 th 2019 <u>2020</u>	CLAS Task Force
	Conclude action plan and/or initiatives.	December 31 st , 2019 <u>2020</u>	Dependent upon action plan