Purpose

This document outlines evaluation elements for 2024 CCO Health Equity Plan submissions and aligns with all templates, contract documents, and guidance provided. It provides additional information and examples of elements CCOs may develop and report on to document their compliance with HEP requirements.

Background Information

- At a high level, the CCO Health Equity Plan requirement is meant to drive CCO efforts at expanding CCO capacity and infrastructure to advance health equity. The Health Equity Plan asks CCOs to convey their goals in terms of developing the organizational infrastructure and capacity for this work, the methods the CCO will use to achieve those goals, and how and when they will measure their progress.
- The Health Equity Plan should drive organizational change, create/enhance the CCO capacity to meaningfully advance health equity through direct action, resource allocation, organizational commitment, community partnerships, and ongoing accountability, and should align with the Oregon Health Policy Board's definition of Health Equity.
- An effective and meaningful CCO Health Equity Plan should be built on a thorough analysis of existing CCO infrastructure to advance equity and include, at a minimum, assessing CCO structure, governance, staff, program and service mix, collaborations, and resources. It is expected that CCOs engage community stakeholders and consumers in the development of the Health Equity Plan.

Who to contact?

For information about formatting specifications, CCOs are asked to refer to the 2024 Health Equity Plan Guidance Document dated April 1, 2024. For any other questions, please contact the Health Equity Innovation and Implementation Team at CCO.HealthEquityPlans@dhsoha.state.or.us.

	Guiding Questions	Expected Elements
Overall Submission requirements	• Accessibility and readability guidance is included in template and guidance document under "submission requirements". • Submission requirements will be strictly enforced (page limit, template completion, submission of relevant documentation, etc.) • Guidance document and evaluation criteria guidelines are available in the OHA CCO Contract Forms website https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx • The HEP Progress Report and relevant supporting documentation must be submitted to the CCO deliverables portal by the due date.	• CCO HEP Update and Progress Report is submitted using OHA provided templates and on time. • Documents are in pdf format when submitted to the authority. • CCO follows the readability and accessibility standards requested in template (i.e., font use, spacing, page numbers, etc.) • CCO follows the specified page limits. • CCO provides pertinent supporting documentation. • Supporting documents are clearly named and hyperlinks are inserted in the appropriate section.

Section 1 - Focus Area Updates (formerly Health Equity Plan Update)		
Guiding Questions and Expected Elements		
	Guiding Questions	Expected Elements
Reporting Focus areas, objectives, and measure of success	• Does the CCO provide HEA information? • Does the CCO address all required focus areas and provides evidence? • Does the CCO include required elements when addressing each focus area?	• CCO provides current organizational policies and procedures as evidence. • CCO provides defined strategic goal(s) that include background narrative explaining the selection of goals under each priority area. CCO uses SMARTIE goals. Smartie stands for **S**trategic, **M**easurable, **A**mbitious, **R**ealistic, **T**ime-bound, **I**nclusive, and **E**quitable. • CCO has identified key system elements necessary to achieve the strategic goals and anticipated impact.

		• CCO has identified Health Equity Administrator role and funding/staffing resources needed. • CCO has identified data sources, both quantitative or qualitative data to identify issues or barriers in the community that can be addressed by the HEP. • CCO has clearly identified accountable roles/positions/individuals responsible for monitoring progress. • CCO had included a high-level list of resources (internal and external) needed to achieve the goal.
Focus Area **REALD-SOGI**	**Guiding Questions**	**Expected Elements**

	• Does the CCO show evidence of using data analytics to identify and eliminate health and health care disparities?
	• Does the CCO assess gaps in its current data collection, analysis systems and process?
	• Does the CCO develop organization-wide actionable goals to address gaps in its current data collection, analysis systems and processes?
	
	Has the CCO developed policies and practices related to the collection and analysis of REALD/SOGI data?
		• The CCO makes demographic data collection and analysis to advance health equity a strategic priority as evidenced by:
		   ○ The CCO has the capability to identify gaps and challenges in its current data collection, analysis systems and process, and develops organization-wide actionable goals to address them.
		   ○ The CCO provides evidence and examples of how it uses REALD and SOGI data to eliminate health inequities by identifying population-specific health inequities and developing targeted programs and interventions informed by REALD / SOGI data.

Focus Area	Guiding Questions	Expected Elements

Using CLAS Standards as an organizational framework to advance health equity	• Does the CCO, as an organization, have a governance system that promotes health equity through the delivery of Culturally and Linguistically Appropriate Services (CLAS).
	• Has the CCO, as an organization, fully implemented the National CLAS standards for the provision of culturally and linguistically appropriate services?
		• CCO provides evidence of work on implementing CLAS Standards framework as a whole. Evidence of implementation may include but not limited to: Policies and Procedures, CCO operations, trainings, etc.
		• The CCO has at least one strategy and related goal for each of the National CLAS standards categories:
		   o Workforce, Governance, and Leadership
		   o Communication and Language Assistance
		   o Engagement, Continuous Improvement, and Accountability
		• The CCO has a review mechanism in place to track progress with CLAS standards, implementation including collecting feedback from community members, CACs, and/or community-based organization partners.

Focus Area	Guiding Questions	Expected Elements
People with Disabilities and LGBTQIA2S+	**People with disabilities and health services** • Are the member's literacy and language of preference (including accommodations such as alternate formats) considered in the development of CCO policies and processes? • Does the CCO show evidence of using data analytics to identify and eliminate health inequities and health care disparities for people with disabilities? • Does the CCO develop member educational and other materials (print, multimedia, etc.) that are in plain language and that are available in alternate formats; utilizes IT and other tools and resources for consumers who are blind or deaf, or otherwise disabled (e.g., literacy programs)?	• The CCO provides an analysis of barriers to accessing care for people with disabilities and uses relevant research to inform continuous quality improvement efforts. • CCO uses multiple quantitative and qualitative data sources to gain insight into health care utilization and needs of people with disabilities. • CCO collects disability information consistently with REALD guidelines • CCO uses quantitative and qualitative data to shed light on the challenges individuals with disabilities in the CCO community and service area may face • CCO has policies and processes in place to ensure materials are developed in plain language and provided to members in alternate formats including different language, braille, large print

		and audio materials in accordance with contractual, state and federal guidelines.
	People who identify as transgender, nonbinary, or gender diverse and health services • Does the CCO show evidence of using data analytics to identify and eliminate health and health care disparities?	• The CCO provides an analysis of barriers to accessing care for people who are transgender, nonbinary, or gender diverse and uses relevant research to inform continuous quality improvement efforts. • CCO uses multiple quantitative and qualitative data sources to shed light on the health care utilization, needs, barriers, and challenges transgender, nonbinary, or gender diverse people in the CCO community and service area may face • CCO has established channels and actively engages people diverse sexual orientation to provide feedback and oversight directly to CCO quality assurance • CCO has policies and processes in place to assess and ensure that provider network is using state- and nationwide best practices for providing healthcare services for people who are transgender, nonbinary, or gender diverse • CCO training plan includes staff education to understand and support transgender, nonbinary, and gender diverse individuals
	People with diverse sexual orientation[1] and health services • Does the CCO show evidence of using data analytics to identify and eliminate health and health care disparities?	• The CCO provides an analysis of barriers to accessing care for people who have diverse sexual orientation and uses relevant research to inform continuous quality improvement efforts. • CCO collects sexual orientation information consistently with SOGI guidelines • CCO uses multiple quantitative and qualitative data sources to shed light on the health care utilization, needs, barriers, and challenges people with diverse sexual orientation in the CCO community and service area may face

---

[1] People with diverse sexual orientations refers to people who identify as lesbian, gay, bisexual, two-spirited, queer, questioning, asexual, or any other sexual orientation identity on the expansive identity spectrum.

	• CCO has established channels and actively engages people with diverse sexual orientation to provide feedback and oversight directly to CCO quality assurance • CCO has policies and processes in place to assess and ensure that provider network is using state- and nationwide best practices for providing healthcare services for people with diverse sexual orientation. • CCO training plan includes staff education to understand and support people with diverse sexual orientation.

	Guiding Questions	Expected Elements
Focus Area **CCO community engagement activities**	• How does the CCO plan to share health equity progress with members, local community and partners? • Does the CCO have a process for stakeholder participation in the development of the health equity plan (i.e., participation of community-based organizations such as Regional Health Equity Coalitions, CCO Community Advisory Council, Local Public Health Departments, and other community-based organizations serving the Medicaid population)?	• CCO includes member and community voice in the development of the Health Equity Plan yearly updates through CAC or other advisory councils and community partners. • CCO demonstrates regular, consistent, authentic and transformational engagement of communities, including participation in review and feedback on any appropriate or applicable CCO policy and/or process. • CCO integrates culturally and linguistically appropriate methods into their outreach strategies to members and community-based CBOs, based on feedback and guidance from existing partners / CACs. • CCO's uses a partnership and relationship-building approach to community engagement, developing systems and processes that allow for consistent, long-term, and mutually beneficial (non-extractive) relationships with members and CBOs. • CCO partners with local resources such as OHA Community Partner Outreach Partner Program, Regional Health Equity Coalitions (when available in the CCO service area) and other culture specific community-based organizations to support the development and implementation of strategies and goals that

Focus Area	Guiding Questions	Expected Elements
	support transformational community engagement for the purpose of raising awareness of available programs and services.	

Continued development of an organizational Health Equity infrastructure	• Does the CCO Health Equity Plan show evidence of organizational commitment to health equity?
	• Does the CCO have the ability to assess culturally and linguistically responsive services already in place in the organization and the provider network
	Which assets (i.e., workforce, CAC, etc.) do the CCO and the provider network already have, and what are the gaps?
		• CCO provides updates on strategies / goals related to organization-wide health equity infrastructure, such as:
		   ○ Institutional commitment to advance health equity
		   ○ Allocation of resources, training, and FTE positions dedicated to advancing health equity
		   ○ Integration of health equity practices and values throughout the organization
		   ○ Organizational structures to support true community collaborations

Section 2 – Annual Training and Education update and plan

Guiding Questions and Expected Elements

• Has the CCO developed an "Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training and Education Plan?"
• Does the HEP sufficiently describe organizational efforts to address the Training and Education?
• Is the CCO creating a culturally responsive organizational culture by providing and requiring all new employees to attend trainings and educational activities that address the fundamental areas of cultural responsiveness and implicit bias and the use of health care interpreters?
• Does the Training and education of the HE Plan meet all OHA identified focus area requirements?
• Does the CCO support and track the provider network efforts to comply with the provider professional board requirements for licensing as they relate to cultural competency training?
	• CCO includes design, implementation and evaluation of the CCO training plan, as it applies to health equity.
	• CCO describes of training modalities to be used for the delivery of training and education and has policies and processes in place to ensure training offerings consider accommodations.
	• In the narrative section of the Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training, and Education Plan CCO:
	   ○ Provides overall expected learning outcomes for the year.
	   ○ Describes the allocation of resources allocated for training purposes.
	   ○ Describes if trainings have been made available to the CCO Provider Network.
	• CCO shows evidence of a process to track and report training and education offerings by providing description of training:
	   ○ Subjects and content outlines.

	- o Objectives and target audiences. - o Delivery system to be used. - o Content and presenter evaluations. - o Trainer qualifications. - o Hours, attendance logs and completion rates - CCO includes training and education offerings for CCO Governing Board(s), Community Advisory Council on areas identified as training fundamentals by OHA. - Training policy or organizational training plan that clearly shows the incorporation of cultural responsiveness and Implicit bias training fundamentals into new employee orientation including directors and executives. - Training policy that ensures that trainings (when pertinent) include information relevant to Oregon's laws and administrative rule when pertinent, examples include THWs and Qualified or Certified Healthcare Interpreters - Training policy or procedure (including documentation that shows evidence of) that trainings provided to CCO staff and those trainings that CCO has made available to the Provider Network are tailored to participants (relevant to their work), and that training opportunities are inclusive and accessible.