***Attestation for Updated Community Health Assessment***

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| Contract Year: 2024 | | | |
| Coordinated Care Organization (Contractor) Name: | |  | |
| Medicaid Contract Number (6 digits only): |  | |

The Coordinated Care Organization (CCO) named above must have an updated Community Health Assessment (CHA) pursuant to Exhibit K, Section 6, Paragraph h in the contract between the Oregon Health Authority (OHA) and the CCO. The CCO is required to submit this Attestation relating to its updated CHA as stated in the OHA memo to the CCO dated [January 26, 2024](https://www.oregon.gov/oha/HSD/OHP/Announcements/CHA-Attestation-Process0124.pdf).

By signing this Attestation, I, the undersigned, hereby attest to the following:

1. I have authority, in accordance with Section 4.1.1 in the General Provisions of the CCO contract, to make this Attestation on behalf of the CCO named above; and
2. To the best of my knowledge, the updated CHA meets the content requirements identified in the document OHA provided to the CCO on the CCO Contract Forms Website (which is referred to in the document itself as a self-evaluation checklist).

**CONTRACTOR**

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| Name | |  | Signature |  | Date |
| *Authority of above signer:* | Chief Executive Officer, | | | | |
| Chief Financial Officer, or | | | | |
| Employee with delegated authority as designated by the “Delegation Authorization and Signature Form” | | | | |