

Health Equity Plan Community Engagement Alternate Process Guidance Document for Coordinated Care Organizations

September 2020

The due date for the Health Equity plan is December 31, 2020. This was communicated in the memo dated March 26, 2020, that included changes in the due dates for other deliverables made necessary by the COVID-19 response.

To assist with the development of Health Equity Plans, OHA will offer technical assistance and consultation opportunities to CCOs. As part of this technical assistance, OHA will work with CCOs to address COVID-related impacts on the Health Equity Plan's development.

COVID-19 has created specific CCO challenges in meeting the community engagement requirements of the Health Equity Plan. Due to COVID-19 challenges around in-person gatherings, CCOs have communicated that they are having difficulty developing Health Equity Plan strategies and goals (with measurable timelines and outcomes) that are vetted by the communities that have helped inform its development.

To address this concern, OHA has issued temporary contract changes that allow for an **alternative process** for CCOs to meet the Health Equity Plan community engagement requirements for Contract Year (CY) 2020 and, if necessary, 2021. OHA will announce at a later date whether the process will apply for CY 2021.

The alternative process is a clear signal that to advance health equity, including community engagement, is not optional; the COVID-19 emergency has illustrated the need to build equity structures and systems. CCOs and their provider networks are at the forefront of that work.

Description of Alternative Process

The alternative process requires CCOs to document in the Health Equity Plan the community engagement actions or activities that required modification or could not be met in CY 2020. CCOs will still be expected to meet the *overall* community engagement requirements for the Health Equity Plan.

The alternative process is limited to CCOs that can demonstrate an adverse impact on previously planned community engagement activities due to COVID-19 challenges (i.e., stay home executive order). The alternative process will allow CCOs to use the CCOs Community Advisory Council (CAC) **and** the addition of an *ad hoc* committee established solely as a proxy for community engagement for the development of the health equity plan.

Alternative process guidelines

The following guidelines must be followed for CCOs to establish an *ad hoc* committee:

- The *ad hoc* committee must include representatives of community-based organizations and culturally specific organizations located in the CCO service area. For the purpose of the *ad hoc* committee, OHA defines “representatives” as a member of the staff of community-based

organizations and culturally specific organizations that provide social services to the Medicaid population in the CCO service area.

- If available in the CCO service area, the *ad hoc* committee must include a representative of the Regional Health Equity Coalition.
- The *ad hoc* committee must be composed of at least six (6) but no more than ten (10) members.

The *ad hoc* committee's purpose is to inform the Health Equity Plan's development as a proxy for the community engagement requirement during the 2020 and potentially 2021 CY. The *ad hoc* committee scope of work also includes:

- Inform the progress of the Health Equity Plan development.
- In addition to previously established processes requiring approvals from existing committees (e.g., CAC), the *ad-hoc* committee should also be a part of the CCO Health Equity Plan's final approval before submission to OHA.

The alternative process will ensure the Health Equity Plan is informed by community partners and Oregon Health Plan members.

For questions, please contact:

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