2020 Health Equity Plan Evaluation Tool

CCO Name	
Date of Review	
Name of Reviewer	
Score	out of possible **xxx** points

Scale	
2	Meets expectations
1	Partially meets expectations
0	Expectations not met

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 should convey what the CCO's goals are in terms of developing their 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 meaningful 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.

Format Specifications:

- All sections of the Health Equity Plan must be developed using a 12-point Arial font, single space to meet readability and accessibility standards.
- To allow for flexibility for the CCO and community, the Health Equity Plan is comprised of a narrative portion and compilation of CCO policies and procedures. CCO Health Equity Plans should not exceed a total of 50 pages and should follow the minimum page length noted in the table that appears on page 4 of the Health Equity Plan Guidance Document.
- Health Equity Plan and supporting documentation must be submitted electronically to CCO.MCODeliverableReports@dhsoha.state.or.us
- When submitting materials, CCOs must ensure that only materials pertinent to the focus area are submitted.
- All file names must clearly reflect the content (e.g., CCOxyz_LEP_Policy).
- In the narrative portion, please include document names and page numbers where evidence of compliance can be found. Documents that are not mentioned in the narrative but are submitted will not be reviewed. The submitted documentation must include the name and contact information (name, title, phone number, email) of the CCO Health Equity Administrator.

For Health Equity Infrastructure questions, please contact: Maria Elena Castro, OHA Health Equity Program Analyst at maria.castro@dhsoha.state.or.us

	Section 1: Narrative of Health Equity Plan development and implementation	HEP Guidance Document Language	HEP Required Components	Score
1.1	Does the CCO Health Equity Plan show evidence of organizational commitment to health equity?	• Section 1.A) Description and evidence of **organizational commitment to health equity (e.g., Inclusion of health equity on the Mission, Vision, Values, Strategic Plan and business practices)**	• CCO presents evidence of organizational commitment to health equity (e.g., Inclusion of health equity in the Mission, Vision, Values, Strategic Plan and business practices) and provides narrative.	
1.2	Does the CCO Health Equity Plan provide demographic information as required in the Health Equity Plan section of the 2020 Contract?	• Section 1.B) **Description of the CCO Membership description of the CCO workforce and CAC demographic** composition **if available** (please refer to data sources used in the description i.e., CCO demographic annual report)	The CCO provides the following information: • Description of the demographics of the CCO's membership (Please provide data source) • Description of the demographics of the CCO staff and its delegated subcontractors', if any. • Description of the demographics of the CCO's provider network based on information compiled to produce the DSN report (OHA will utilize information to be submitted with Annual DSN Provider Narrative Report due July 31, 2021, for reporting period July 1, 2020 through June 30, 2021). • Description of the CCO Leadership, including governing boards. • Description of demographics of the Community Advisory Council composition (If information is not available, OHA will utilize information to be submitted with CAC Demographic Composition Report due June 30, 2021).	
1.3	Does the CCO Health Equity Plan provide a description of the organizational oversight and accountability structure to support the implementation of the Health Equity Plan components?	• Section 1.C) Description of the organizational **oversight and accountability structure** to support the implementation of the Health Equity Plan components including, **but not limited to**, the role of the "Health Equity Administrator." (See Health Equity Administrator as a Single Point of Accountability (SPA) Guidance Document for instructions)	• The CCO provides an organizational chart with a supporting narrative addressing: o The role of the health equity administrator in the CCO organizational oversight structure, o Roles and responsibilities of persons, units, or departments participating in the implementation of sections of the Health Equity Plan o Role of board of directors and CAC	

1.4	Does the CCO provide a narrative description of the process for the development of the Health Equity Plan?	• Section 1.D) Narrative description of the **process for the development of the Health Equity Plan**, including:
		  ○ Results of an internal and external assessment of organizational capacity for health equity. For example, a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis.
			In this section, the CCO must provide a narrative that addresses:
			• What equity assessment tool(s) they used, the process they followed, and the results of the assessment for both internal and external assessments
			
			The assessments performed by the CCO should answer the following questions:
			  ○ Which capabilities for health equity and cultural responsiveness are 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?
			  ○ What could be done to develop CCO and provider network capacity to address health equity further?	

1.5	Does the CCO Health Equity Plan provide a description of the process for stakeholder participation in the development of the 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)?	• In addition to the CCO description of the process for the development of the Health Equity Plan: • Section 1.D) Description of the process for stakeholder participation in the development of the 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. This is to ensure the Health Equity Plan is **<u>community- and member-informed.</u>** • Use of alternative process (Guidance Document has been shared with CCO Health Equity Administrators and it has been published on CCO Contracts Forms Website)	In this section, the CCO must provide the following items: • A description of the stakeholder engagement process: who was engaged, how were they engaged, and what roles did they play (in planning, implantation, interpretation, etc.) • Narrative and/or a calendar of events or forums with summaries (when applicable) indicating engagement of members and the community in the development process. • Notation of use of the OHA approved community engagement alternative process. 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). • Description of processes used by community stakeholders to review and approve the plan.	

1.6	Does the CCO Health Equity Plan answer the question, "How does the CCO plan to share health equity progress made and updates to the plan with members, local community and partners?	Section 1.D CCO workplan for the development, approval and communication of the Health Equity Plan that contains: • Description of the process for review and approval of the plan • Description of the process to communicate plan and progress to stakeholders.	CCO should submit a narrative outlining their workplan for: • Monitoring and sharing progress on CCO HEP with members, local communities and partners. • Reviewing and updating the plan that accounts for member and community input.	

Section 2: Focus areas, objectives, and measure of success		HEP Guidance Document Language	HEP Required Components	Score

2.1	• Does the CCO address all required focus areas? (Focus area six (6) has special reporting requirements. This focus area can be addressed in Section 3 of the Health Equity Plan)
	• Does the CCO include required elements when addressing each focus area (elements 1 to 9 in the column titled
		HE Plan Guidance Document Section 2 INTRO:
		
		OHA has identified in the contract eight health equity focus areas. The CCO will use the results of its assessment of organizational capacity to advance health equity, stakeholder input provided (internal and external), and the eight focus areas identified by OHA to develop the Health Equity Plan. The plan and the identification of focus areas aim to ensure all CCOs create the methodology and the practice of institutional and structural change to advance health equity.
		
		When developing a plan for each **Health Equity Focus Area**, CCOs must address the following:
		1. Submit current organizational policies and procedures that demonstrate organizational attention to the health equity focus area. This includes any policies that support the health system and provider network accountability for each health equity focus area (i.e., delegate policies for provider contracts, complaints, and grievance policy).
			For each focus areas, CCOs must include the following:
			• Current organizational policies and procedures that demonstrate organizational attention to the health equity focus area.
			  ○ Do the policies that support the health system and provider network demonstrate accountability for each health equity focus area (i.e., delegate policies for provider contracts, complaints, and grievance policy)?
			• Defined strategic goal(s) that include background narrative explaining the selection of goals under each priority area.
			  ○ Does the background information provide a complete description including identified issues or barriers?
			• Identification of key system elements necessary to achieve the strategic goals and anticipated impact.
			• Identification of HEP Administrator role and funding/staffing resources needed.
			• Identification of data sources, both quantitative or qualitative data to identify issues or barriers in the community that can be addressed by the HEP.	

	"guidance document language")?	2. Define a <u>strategic goal(s)</u> which must include a <u>background and context narrative</u> that will explain the selection of goals under each priority area. Background information should include a complete <u>description</u> including identified issues or barriers. 3. Identify key system elements necessary to achieve the strategic goals. Anticipate impact. 4. Identify data sources. Include quantitative or qualitative data used to identify such issues or barriers. 5. Identify <u>clear measures of success</u>: Goals under each strategy need to be **clear** and **measurabl**e. 6. Define measures and metrics to be used to track progress toward the strategic goal(s). The monitoring and evaluation of each goal should be set up from the beginning (baseline) to measure changes and progress to target. 7. Define who will be responsible for monitoring progress 8. Identify how often the plan for each focus area will be revisited and updated based on progress. 9. CCOs must include a description of the resources (internal and external) needed to achieve that goal	○ Examples include member data, American Community Survey (ACS) data, local public health data sources, and information from CHA/CHIP development. • Identification of clear measures of success. ○ Are the goals under each strategy clear and measurable? CCOs are asked to use SMART goals. (https://www.atlassian.com/blog/productivity/how-to-write-smart-goals) • Defined measures and metrics to track progress toward the strategic goal(s). ○ Is the monitoring and evaluation of each goal set up from the beginning (baseline) to measure changes and progress to achieve targets? • Clear identification of accountable roles/positions/individuals responsible for monitoring progress. • Identification of how often the plan for each focus area will be revisited and updated based on progress. • Inclusion of the resources (internal and external) needed to achieve the goal and a description of each resource.	
Focus Area 1 – Grievances and Appeals		*CCO Contract Exhibit B Part 4 Provider and Delivery System (2)(g); (h)and (i) and (j); Exhibit I General System Requirements (1) (e) and (2) (b) and (2)(f); Exhibit K Part 10 Health Equity Plan (c) (2) (a)), OAR 410-141-3735(6), OAR 410-141-3875 through 410-141-3915*		
2.2	Are the CCO G&A policies and procedures specifically designed to be culturally and linguistically responsive?	When developing a plan for each Health Equity Focus Area, CCOs will: 1. Submit current organizational policies and procedures that demonstrate organizational attention to the health equity focus area. This includes any policies that support the health system and provider network accountability for each health equity focus area (i.e., delegate policies for provider contracts, complaints, and grievance policy).	Documentation that G&A policies and procedures are consistent with CLAS standards. • Policies and Procedures describe how all applicable state and federal laws (as defined in 2.4) set forth in the CCO Contract and OARs are incorporated into organizational operations and processes. • Policies and Procedures include the provision of assistance that includes but it is not limited to use of interpreters (qualified/certified).	
2.3	Do the CCO G&A policies and procedures comply with state and federal laws (Section 1557 of the Affordable			

	Care Act, Title VI of the Civil Rights Act, Title III of the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973)?	2. Define a strategic goal(s) which must include a background and context narrative that will explain the selection of goals under each priority area. Background information should include a complete description including identified issues or barriers. 3. Identify key system elements necessary to achieve the strategic goals. Anticipate impact. 4. Identify data sources. Include quantitative or qualitative data used to identify such issues or barriers. 5. Identify clear measures of success: Goals under each strategy need to be clear and measurable. 6. Define measures and metrics to be used to track progress toward the strategic goal(s). The monitoring and evaluation of each goal should be set up from the beginning (baseline) to measure changes and progress to target. 7. Define who will be responsible for monitoring progress 8. Identify how often the plan for each focus area will be revisited and updated based on progress. 9. CCOs must include a description of the resources (internal and external) needed to achieve that goal.	• Policies and Procedures for G&A comply with ACA 1557. CCO provides evidence that: • The CCO is in full compliance with G&A governing laws and regulations, as evidenced by P&P. • The CCO proactively monitors for compliance gaps with G&A governing laws and regulations, especially around needs related to people with disabilities, and those who are Limited English Proficient (LEP). • The CCO uses G&A data to identify delivery system deficiencies and concerns.	
2.4	Is the CCO grievance process simple, accessible, and understandable to the member?			
2.5	Are the member's literacy and language of preference (including accommodations such as alternate formats) considered in the development of the process and the development of the policies?			
2.6	Is the CCO data on grievance and appeals gathered by race/ethnicity, language, and disability (REALD)?			
Focus Area 2 – Demographic data		*CCO Contract Exhibit B Part 4 Provider and Delivery System (4)(a) and (b) and (c); Exhibit K Part 10 (c) (2) (b)) OAR 410-141-3735(6), OAR 410-141-3520(5), OAR 410-141-3525(6)*		
2.7	Does the CCO show evidence of using data analytics to identify and eliminate health and health care disparities?	When developing a plan for each Health Equity Focus Area, CCOs will: 1. Submit current organizational policies and procedures that demonstrate organizational attention to the health equity focus area. This includes any policies that support the health system and provider network accountability for	Evidence of the CCOs methods and processes for the following: • Use of demographic data to identify and analyze gaps in health equity among historically disadvantaged populations and ensure services provided are culturally and linguistically appropriate.	

2.8	Is there clear evidence that advancing health equity is an organizational strategic priority that is informed by the use of REALD?	each health equity focus area (i.e., delegate policies for provider contracts, complaints, and grievance policy). 2. Define a strategic goal(s) which must include a background and context narrative that will explain the selection of goals under each priority area. Background information should include a complete description including identified issues or barriers. 3. Identify key system elements necessary to achieve the strategic goals. Anticipate impact. 4. Identify data sources. Include quantitative or qualitative data used to identify such issues or barriers. 5. Identify clear measures of success: Goals under each strategy need to be clear and measurable. 6. Define measures and metrics to be used to track progress toward the strategic goal(s). The monitoring and evaluation of each goal should be set up from the beginning (baseline) to measure changes and progress to target. 7. Define who will be responsible for monitoring progress 8. Identify how often the plan for each focus area will be revisited and updated based on progress. 9. CCOs must include a description of the resources (internal and external) needed to achieve that goal.	• Describe any challenges faced in collecting and using demographic data and strategies implemented to overcome challenges with data collection, analysis, and use. • Report of Provider Network workforce capacity that includes demographic data (OHA will utilize information to be submitted with Annual DSN Provider Narrative Report due July 31, 2021, for reporting period July 1, 2020 through June 30, 2021). • REALD resources - updated information as on 11/13/2020 https://www.oregon.gov/oha/OEI/Pages/REALD.aspx	
2.9	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?			
Focus Area 3 – Culturally and linguistically appropriate services		*CCO Contract Exhibit B Part 3 Patients' Rights and Responsibilities-Engagement and Choice (5); Exhibit B Part 4 Provider and Delivery System (2)(g), (h) (i) (j); Exhibit K Part 10 Health Equity Plan (c) (2) (c)), OAR 410-141-3515*		
2.10	Does the CCO have policies and processes on culturally and linguistically appropriate services that fully comply with state and federal laws regarding language	When developing a plan for each **Health Equity Focus Area**, CCOs will: 1. Submit current organizational policies and procedures that demonstrate organizational attention to the health equity focus area. This includes any policies that support the health system and provider network accountability for each health equity focus area (i.e., delegate	CCOs submit evidence (policies, procedures, minutes, website content, materials, etc.) to demonstrate: • Member activation efforts that are culturally and linguistically appropriate. Activated members have the motivation, information, skills and confidence to effectively make decisions about their health care. They are engaged in partnerships to improve their	

	access and accessibility?	policies for provider contracts, complaints, and grievance policy). 2. Define a <u>strategic goal(s)</u> which must include a <u>background and context narrative</u> that will explain the selection of goals under each priority area. Background information should include a complete <u>description</u> including identified issues or barriers. 3. Identify key system elements necessary to achieve the strategic goals. Anticipate impact. 4. Identify data sources. Include quantitative or qualitative data used to identify such issues or barriers. 5. Identify <u>clear measures of success</u>: Goals under each strategy need to be **clear** and **measurabl**e. 6. Define measures and metrics to be used to track progress toward the strategic goal(s). The monitoring and evaluation of each goal should be set up from the beginning (baseline) to measure changes and progress to target. 7. Define who will be responsible for monitoring progress 8. Identify how often the plan for each focus area will be revisited and updated based on progress. 9. CCOs must include a description of the resources (internal and external) needed to achieve that goal	health and well-being in the context of a member/patient and family-centered environment. • Meaningful access to interpreter services for individuals who speak a language other than English. According to the Department of Justice, meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or activities provided to English proficient individuals. See Department of Justice Language Access Plan, March 2012 at https://www.justice.gov/sites/default/files/open/legacy/2012/05/07/language-access-plan.pdf. • Evidence of CCO outreaching to and communicating with members regarding the Member rights and responsibilities that specifically state that the CCO will provide OHA certified or qualified health care interpreter services available free of charge to each Potential Member and Member (e.g., provider contracts and subcontractor agreements, member handbook, customer service call center, NEMT call center). • A CCO Provider Directory that includes the following information about provider languages spoken, including sign language and accessibility, and provider race and ethnicity (OHA will request Provider Directory submissions in Q2 2021). • CCO commitment to culturally and linguistically appropriate services (including information on access to certified health care interpreters). The CCO should address all levels within the organization, including leadership and provider network (OHA will utilize information to be submitted with Annual DSN Provider Narrative Report due July 31, 2021, for reporting period July 1, 2020 through June 30, 2021). CCO should also submit: • Policies and procedures used to ensure culturally and linguistically appropriate services and meet	
2.11	Does the CCO provides free-of-charge certified or qualified oral and sign language interpreters to all consumers, and accessible health and healthcare services for individuals with disabilities following Title III of ADA?			

			accessibility requirements, as defined in state and federal requirements. • Tools used for the development of culturally and linguistically appropriate education materials and provision of examples. For example: "Toolkit for Making Written Material Clear and Effective," Centers for Medicare and Medicaid Services, https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html Contains guidelines for writing and design, readability formulas, older adults, web-based materials, before and after examples, and language/translation issues.	
Focus Area 4 – CLAS as an organizational framework		*CCO Contract Exhibit K Part 10 (c) (2) (d)), OAR 410-141-3860(12)*		
2.12	Does the CCO, as an organization, have a governance system that promotes health equity through the delivery of Culturally and Linguistically Appropriate Services (CLAS).	When developing a plan for each **Health Equity Focus Area**, CCOs will: 1. Submit current organizational policies and procedures that demonstrate organizational attention to the health equity focus area. This includes any policies that support the health system and provider network accountability for each health equity focus area (i.e., delegate policies for provider contracts, complaints, and grievance policy). 2. Define a strategic goal(s) which must include a background and context narrative that will explain the selection of goals under each priority area. Background information should include a complete description including identified issues or barriers. 3. Identify key system elements necessary to achieve the strategic goals. Anticipate impact. 4. Identify data sources. Include quantitative or qualitative data used to identify such issues or barriers. 5. Identify clear measures of success: Goals under each strategy need to be **clear** and **measurabl**e.	CCO provides evidence of work on implementing CLAS Standards. Evidence of implementation may include but not limited to: Policies and Procedures, CCO operational processes/desk procedures, provider manual, provider trainings, etc. In this focus area response, CCOs can address efforts that may not be covered by other focus areas. Please see the following link for the enhanced CLAS standards https://thinkculturalhealth.hhs.gov/clas When addressing this focus area, CCOs must identify which CLAS standard is addressing.	
2.13	Has the CCO, as an organization, fully implemented the National CLAS standards for the provision of culturally and linguistically appropriate services?			
2.14	Has the CCO allocated the necessary resources for that purpose?			

		6. Define measures and metrics to be used to track progress toward the strategic goal(s). The monitoring and evaluation of each goal should be set up from the beginning (baseline) to measure changes and progress to target. 7. Define who will be responsible for monitoring progress 8. Identify how often the plan for each focus area will be revisited and updated based on progress. 9. CCOs must include a description of the resources (internal and external) needed to achieve that goal		
Focus Area 5 – Workforce		*CCO Contract Exhibit B Part 4 Providers and Delivery Systems (4); Exhibit K Part 10 (c) (2) (e); Exhibit K Part 11 Traditional Health Workers), OAR 410-141-3740*		
2.15	Does the CCO's recruitment processes focus on diversity, equity, and inclusion recruitment and retention strategies?	When developing a plan for each **Health Equity Focus Area**, CCOs will: 1. Submit current organizational policies and procedures that demonstrate organizational attention to the health equity focus area. This includes any policies that support the health system and provider network accountability for each health equity focus area (i.e., delegate policies for provider contracts, complaints, and grievance policy). 2. Define a strategic goal(s) which must include a background and context narrative that will explain the selection of goals under each priority area. Background information should include a complete description including identified issues or barriers. 3. Identify key system elements necessary to achieve the strategic goals. Anticipate impact. 4. Identify data sources. Include quantitative or qualitative data used to identify such issues or barriers. 5. Identify clear measures of success: Goals under each strategy need to be **clear** and **measurabl**e.	In addition to developing a narrative to address the required elements in the middle column titled " HEP Guidance Document Language," the CCO must also submit evidence of the following with the Health Equity Plan narrative: • P&P containing information about internal efforts, processes, and policies to recruit, hire, and retain a culturally and linguistically competent CCO workforce. • P&P demonstrating how the CCO is promoting practices advancing health equity among its subcontractors, including providers and other vendors providing direct services to members. • How the CCO utilizes data provided by OHA (as such data is required to be provided under OAR 410-141-3525) and from CCOs relevant reports on workforce capacity and diversity to inform Contractor's workforce development strategies. The following will be assessed through the DSN Narrative Report due July 31, 2021.	
2.16	Has the CCO successfully developed organization wide strategies to recruit, promote, and support a culturally and linguistically diverse workforce, including the provider network (including subcontractors?			

		6. Define measures and metrics to be used to track progress toward the strategic goal(s). The monitoring and evaluation of each goal should be set up from the beginning (baseline) to measure changes and progress to target. 7. Define who will be responsible for monitoring progress 8. Identify how often the plan for each focus area will be revisited and updated based on progress. 9. CCOs must include a description of the resources (internal and external) needed to achieve that goal.		
Focus Area 6 – Organizational training and education		*CCO Contract Exhibit B Part 3 Patients' Rights, Responsibilities, Engagement and Choice (1) (c); Exhibit B Part 4 Providers and Delivery Systems (4) (b) (5); Exhibit K Part 10 (c) (2) (f) and CCO Contract Exhibit K Part 10 (d))*		
2.17	Has the CCO developed an "Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training and Education Plan?"	This focus area has special reporting requirements listed in SECTION 3.	This focus area has special reporting requirements listed in Section 3.	
2.18	Does the CCO include the governing board, leadership, Community Advisory Council (CAC) and the provider network in their plan?			
Focus Area 7 – Language access reporting mechanisms		*CCO Contract Exhibit K Part 10 (c) (2) (g) and OAR 410-141-3515*		
2.19	To what degree has the CCO invested resources, developed processes and implemented tracking mechanisms that ensure CCO and provider network	When developing a plan for each **Health Equity Focus Area**, CCOs will: 1. <u>Submit current organizational policies and procedures</u> that demonstrate organizational attention to the health equity focus area. This includes any policies that support the health system and provider network accountability for	In addition to developing a narrative to address the required elements in the middle column titled "Guidance Document Language," the CCO must show evidence of the following: • Assessment of member language access needs. The CCO should assess language access needs across their service area but should also conduct individual member assessments to understand individual	

	provides readily available, high-quality, language assistance services.	each health equity focus area (i.e., delegate policies for provider contracts, complaints, and grievance policy). 2. Define a strategic goal(s) which must include a background and context narrative that will explain the selection of goals under each priority area. Background information should include a complete description including identified issues or barriers. 3. Identify key system elements necessary to achieve the strategic goals. Anticipate impact. 4. Identify data sources. Include quantitative or qualitative data used to identify such issues or barriers. 5. Identify clear measures of success: Goals under each strategy need to be **clear** and **measurabl**e. 6. Define measures and metrics to be used to track progress toward the strategic goal(s). The monitoring and evaluation of each goal should be set up from the beginning (baseline) to measure changes and progress to target. 7. Define who will be responsible for monitoring progress 8. Identify how often the plan for each focus area will be revisited and updated based on progress. 9. CCOs must include a description of the resources (internal and external) needed to achieve that goal	member needs and provide tailored interpreter services to each member. • Requiring providers to offer in-person language access interpreter services. • Evidence of the work performed by the CCO to ensure provider network compliance with language reporting. • Evidence of the CCO process followed to comply with the language access self-assessment contract deliverable.	
Focus Area 8 – Member education and accessibility		*CCO Contract Exhibit B Part 3 Patient's Rights and Responsibilities, Engagement and Choice; Exhibit K Part 10 (c) (2) (h), OAR 410-141-3575 through 410-141-3590*		
2.20	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	When developing a plan for each **Health Equity Focus Area**, CCOs will: 1. Submit current organizational policies and procedures that demonstrate organizational attention to the health equity focus area. This includes any policies that support the health system and provider network accountability for each health equity focus area (i.e., delegate	The CCO must show evidence of the following: • Describe process to ensure materials are developed in plain language and provided to members in alternate formats including different language, braille, large print and audio materials. Materials consist of written, online or electronic resources used to communicate with members (e.g., websites, written and electronic communications, provider directory, health education materials).	

	resources for consumers who are blind or deaf, or otherwise disabled (e.g., literacy programs)?	policies for provider contracts, complaints, and grievance policy). 2. Define a strategic goal(s) which must include a background and context narrative that will explain the selection of goals under each priority area. Background information should include a complete description including identified issues or barriers. 3. Identify key system elements necessary to achieve the strategic goals. Anticipate impact. 4. Identify data sources. Include quantitative or qualitative data used to identify such issues or barriers. 5. Identify clear measures of success: Goals under each strategy need to be **clear** and **measurabl**e. 6. Define measures and metrics to be used to track progress toward the strategic goal(s). The monitoring and evaluation of each goal should be set up from the beginning (baseline) to measure changes and progress to target. 7. Define who will be responsible for monitoring progress 8. Identify how often the plan for each focus area will be revisited and updated based on progress. 9. CCOs must include a description of the resources (internal and external) needed to achieve that goal.	○ CCO must provide examples of communication materials referenced above. • Policies and procedures indicating member communication materials are developed to comply with contract requirements, federal requirements, and Oregon Administrative Rules consistent with 42 CFR 438.10(g); OAR 410-141-3585; Ex B, Pt 3, Sec 5(a)(1).	

Section 3: **Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training, and Education Plan**		**HEP Guidance Document Language**	**HEP Required Components**	**Score**
3.1	Overall- Does the HEP sufficiently describe organizational efforts to address the	Beginning in 2020, health equity requirements around cultural responsiveness have changed in the CCO Contract. CCOs will be accountable for providing training on cultural responsiveness and implicit bias to their staff and CCO Committees and Boards	• Description of current training and education planning efforts for the CY2020 that include the addition of training fundamental. Description must include plans for offerings that are part of the training fundamentals identified by OHA.	

	Training and Education?	(considered a **priority** area). Organizational efforts to address the Training and Education focus area should be included as part of the Health Equity Plan. • In the Training and Education focus area (focus area #6), OHA **has identified requirements the CCO must meet** (CCO Contract Exhibit K Part 10 (d)). In 2020 under this focus area, the CCO is asked to show a plan where CCOs meet the following requirements: • Align the criteria and core competencies identified by OHA to the CCO cultural competency trainings to ensure quality. • Adopt the definition of cultural competence that appears on the Oregon Administrative Rules for Cultural Competence Continuing Education for Health Care Professionals (OAR 943-090-0010). • Cultural responsiveness and Implicit bias training fundamentals have been incorporated into new employee orientation. • Have training programs around elements of cultural responsiveness and implicit bias that include information relevant to Oregon's laws and administrative rule when pertinent. For example, State programs and regulations that relate to Qualified or Certified Healthcare Interpreters and Traditional Health Workers. • Have trainings that are provided or made available to CCO staff and Provider Network in a variety of formats, that are tailored to participants, and that training opportunities are inclusive and accessible. • Have a process to develop CCO reporting to OHA on training subjects and content outlines; training objectives and target audiences; training delivery system; training and presenter evaluations; training hours and attendance logs; and trainer	• Description of CCO staff training needs assessment in the areas related to health equity identified by OHA as "training fundamentals." • Description of design, implementation and evaluation of the CCO training plan, as it applies to health equity. • Description of training modalities CCO uses/will use for the delivery of training and education. • Description of efforts to ensure training offerings consider accommodations. • Description of overall expected learning outcomes for the year. • Description of the resources allocated for training purposes.	

		qualifications (starting in 2021- using a template provided by OHA). This is in addition to the reporting of this focus area in Section 4. This is a separate template.		
3.2	Does the CCO meet the following requirements? • Inclusion of cultural responsiveness and implicit bias continuing education and training into existing organization-wide training plans. • Alignment with training and education OHA's Cultural Competency Continuing Education guidelines	Section 2 HE Plan Guidance Document The CCO develops an "*Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training and Education Plan*" that includes its governing board, leadership, Community Advisory Council (CAC) and the provider network. (This focus area has special reporting requirements outlined on a separate guidance document) *(CCO Contract Exhibit B Part 3 Patients' Rights, Responsibilities, Engagement and Choice(1) (c); Exhibit B Part 4 Providers and Delivery Systems (4) (b) (5); Exhibit K Part 10 (c) (2) (f) and CCO Contract Exhibit K Part 10 (d))* Section 3 of HE Plan Guidance Document (ALL)	CCO must show evidence of the following: • A Training and Education Plan for the CY2020 that includes: 1. Training opportunities on "cultural responsiveness" and "implicit bias." 2. Training and education plan for CCO Governing Board(s), Community Advisory Council on areas identified as training fundamentals by OHA. 3. Training and education plan offerings that are made available to the provider network. 4. CCO staff training on cultural competency/responsiveness is aligned with the OHA Cultural Competency Continuing Education Criteria to ensure quality.	
3.3	Does the training and education plan have offerings that address training fundamentals areas identified by OHA?	OHA's Equity and Inclusion Division (OEI) has identified training areas that are considered **fundamental** and aligned with the development of core elements of cultural competence. These areas include: • Implicit Bias, Civil Rights and Non-Discrimination laws, Social/Cultural Diversity, Universal Access or Accessibility in addition to ADA, Language Access/use of Interpreters/Health Literacy, Use of the Traditional Health Worker Model, Adverse Childhood Experiences (ACEs, Addressing cultural barriers and systemic oppression/ Social Determinants of Equity, Trauma-Informed Care (TIC), Social Determinants of Health, Meaningful	• The CCO description of the training offerings show evidence of alignment with training fundamentals identified by OHA (there is no need to cover all the elements of the training fundamentals at the same time, but CCO must show evidence that is the plan for contract years that follow.)	

		Community Engagement, CLAS Standards, Use of data to advance health equity and ACA 1557.		
3.4	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?	• The CCO creates a culturally responsive organizational culture by ensuring **CCO employees, including directors, executives, participate in cultural responsiveness and implicit bias trainings.**	• The CCO provides evidence that all new employees, including directors and executives have attended trainings and educational activities that address cultural competency/responsiveness, implicit bias and how to work with health care interpreters. • In the evidence, CCO must provide completion rates.	
3.5	Do agreements with network providers ensure the provider network complies with each provider professional board requirements for licensing as they relate to cultural competency trainings?	• HB2011 (2019) Details in Here: https://www.oregon.gov/oha/OEI/Pages/CCCE.aspx	• Attestation	
3.6	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?	• HB2011 (2019) Details in Here: https://www.oregon.gov/oha/OEI/Pages/CCCE.aspx	• Evidence of CCO plans on tracking provider network training completion of cultural competency training as part of their credentialing process.	

3.7	Does the Training and education (Section 3) of the HE Plan meet all OHA identified focus area requirements?	In the training and education focus area OHA **has identified focus area requirements for the CCO to meet** (CCO Contract Exhibit K Part 10 (d)). These requirements are the following: • The CCO improves the provision of culturally and linguistically responsive services **by incorporating cultural responsiveness and implicit bias continuing education and training into existing organization-wide training plans and programs.** • The CCO improves the quality of its training and education curricula by **aligning current and new materials with OHA's Cultural Competency Continuing Education criteria** listed on OHA's website located at https://www.oregon.gov/oha/OEI/Documents/OHA%20CCCE%20Criteria_May2019.pdf • The **CCO adopts and uses the definition of Cultural Competence set in rule (OAR 943-090-0010)** to guide the development of Cultural Responsiveness training and training materials. • The CCO includes training and education offerings that **address training fundamentals areas identified by OHA**. (CCO Contract Exhibit K Part 10 (d) (4)) • The CCO creates a culturally responsive organizational culture by ensuring **CCO employees, including directors, executives, participate in cultural responsiveness and implicit bias trainings.** • The CCO creates 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.**	CCO shows evidence of the development of a process to track and report training and education offerings that advances health equity including: 1. Description of training subjects and content outlines; 2. Description of training objectives and target audiences; 3. Description of training delivery system; 4. Description of each training and presenter evaluations; 5. Description trainer qualifications; 6. Training hours and attendance logs. All the elements above can be reported starting in 2021 using the template provided by OHA in March 2021. For CY 2020 CCO must provide: • Attestation that the CCO has adopted the definition of cultural competence that appears on the Oregon Administrative Rules for Cultural Competence Continuing Education for Health Care Professionals (OAR 943-090-0010). • Training policy or organizational training plan that clearly shows the incorporation of cultural responsiveness and Implicit bias training fundamentals into new employee orientation • Training policy that ensure 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 offered in a variety of formats (such as in person or online), that are tailored to participants (relevant to their work),	

		• The CCO responds to the cultural and linguistic needs of its members by **requiring its Provider Network to attend cultural responsiveness and implicit bias trainings that comply with OHA's Cultural Competency Continuing Education criteri**a listed on OHA's website located at https://www.oregon.gov/oha/OEI/Documents/OHA%20CCCE%20Criteria_May2019.pdf	and that training opportunities are inclusive and accessible. • Description of process CCO is following to ensure cultural competency training offerings for CCO staff are aligned with the Cultural Competency Training and Education criteria (HB2011 (2019). Criteria can be found here : https://www.oregon.gov/oha/OEI/Pages/CCCE.aspx)	

General Observations	Noted deficiencies in required components (OAR 410-141-3735(6)
Does the HEP provide an action plan detailing where the CCO is headed, what it plans to achieve, the methods it will use, and milestones to monitor progress?	
HEP Development- did the CCO conduct a thorough analysis of the existing CCO structure, governance, staff, program or service mix, collaborations, and resources, including financial, human, technical, and material.	
Does the HEP act as a catalyst to initiate the deep organizational changes	
Does the HEP create the foundation to build equity into ongoing accountability, resource allocation and performance management within; a) The CCO as an organization b) The CCO's provider network c) The CCO's relationship with OHA	
Does the HEP provide a visible and concrete context for widespread discussion of health equity – within individual organizations, within sectors, across sectors, and in the wider community	
Does the HEP incorporate and operationalize the health equity definition	