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Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-915-3.3
Q3. Provide a short name for possible change	[Health Equity Administrator] Extend certain CY2026 provisions, move forward on items that were discussed but not adopted, and reverse others
Responsible OHA unit/s & SME/s	E&I: Maria Castro.
From 1/27/2026 OHA memo to CCOs	***Possibly addressable*** OHA will consider possible changes to the staffing requirements and assess possible changes in discussions with CCOs.
Q6. Which CCO Contract(s) will be impacted?	(a) All 3 contracts
Q4. High-level description of possible change	2. Items rejected for CY2026 but deserving further review *[removed non-addressable items]* remove minimum staffing requirements for **Health Equity Administrator** 2/23/2026 OHA note: Per CCO Tables materials, this item applies to: THW Liaison, Tribal Liaison, Health Equity Administrator, and Program Integrity staff. Each topic must be tracked as an individual possible significant change.
Q2. Which prioritized restatement category applies?	(b) CCO Table Considerations
Explain how change fits into "CCO Table Considerations" category	These items were discussed in the CCO Table process and to our knowledge were not fully realized in the CY2026 restatement.
Q7. Could entire change be deferred to later contract year?	Yes
Consequence(s) if not included in 2027 contract	
Q8. Could change be reduced to smaller components so it's phased in over multiple contract years?	Yes
Which component(s) could be in later contract year(s)?	At least 20 items are called out in Q3 above (in the categories of continue, start, or stop), so they can certainly be taken up in later years but preferable to move quickly.
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Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-915-3.3
Short name	[Health Equity Administrator] Extend certain CY2026 provisions, move forward on items that were discussed but not adopted, and reverse others

1. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

Staff that currently work on Health Equity and Community Engagement initiatives at each CCO in addition to all currently designated Healthy Equity Administrators at each CCO and CCO quality improvement staff.

2. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.

No.