



November 30, 2020

By Email

Christopher Hummer
Chief Executive Officer
Trillium Community Health Plan, Inc.
P.O. Box 11740
Eugene, OR 97440

Re: Trillium Community Health Plan CCO Contract No. 161766 Proposed Corrective Action Plan for the Tri-County Service Area

Dear Mr. Hummer,

The purpose of this notice is to provide feedback and necessary corrections to the proposed Corrective Action Plan (CAP) submitted to the Oregon Health Authority (OHA) on October 15, 2020. OHA's comments to the CAP can be found below. The initial section provides overall comments. Specific comments for each section of the CAP can be found in the table beginning on page 5.

General Feedback

The Target Resolution Dates and Actions to be Taken outlined in the CAP submission emphasize immediate steps Trillium will take to address OHA findings. The actions do not focus on long-term activities or identification of an overall strategy to fully resolve the findings. The actions included in the CAP do not provide enough details about how the action will resolve the finding.

Ongoing Monitoring activities should be tailored to each finding. The same ongoing Monitoring Activities are repeated across multiple OHA Findings and OHA Action Needed items. The activities should be modified to capture the monitoring strategy to resolve each individual action identified by OHA.

The CAP responses generally lack detail that is important to understand if the proposed actions, evidence documents, and ongoing monitoring activities will fully resolve the findings. Please include additional description to help OHA fully understand the purpose and rationale for inclusion of each proposed activity within the CAP.

Where applicable, the Target Resolution Dates for proposed activities may need to be extended through the entirety of the CAP period. Through the CAP process, OHA and Trillium will determine when each finding has been fully resolved and the target resolution date may need to change throughout the CAP period depending on the performance and progress toward achieving the OHA actions defined in the *Notice of Non-Compliance and Order Requiring Corrective Action Relating to Trillium CCO Contract no.*

161766 for the Tri-County service area, issued on September 2, 2020 (the “September 2 Notice”) and subsequent amendment issued on October 28, 2020.

Network Adequacy

The network adequacy section overemphasizes continued negotiations with providers to resolve the OHA Findings and OHA Action Needed, as defined in the September 2 notice. Trillium will need to demonstrate its current network capacity across all provider types identified in the CAP and show expanded capacity to serve the enrollment limit defined in the 2021 Trillium Contract for Tri-County service area. The progress reports and ongoing monitoring activities should demonstrate the following: number of providers, location of providers, and availability of providers to members (e.g., accepting new members).

The Ongoing Monitoring activities are repeated throughout the network development section and are not tailored to individual OHA Findings and OHA Action Needed, as defined by OHA.

Health Equity and Language Access

Trillium has entered a diverse market with dynamic language access needs. The CAP does not adequately demonstrate planning efforts and service area assessments to identify language needs and inform the operational capacity to effectively meet the language access needs of the service area. Taking a proactive and planful approach is important because it will allow Trillium to adequately identify the language access needs and tailor the strategic plan to account for member needs and the market/service area variations. While working with language service vendors is important, understanding vendor capacity is equally important because not all vendors have the service capacity, language mix, and reach to effectively meet language access needs across different service areas.

An effective approach to meeting language access needs begins with developing a comprehensive language access plan for providing meaningful and quality language access service delivery to current and prospective members. While Trillium’s CAP mentions a Health Equity Plan, it does not delineate how that relates to planning for and providing meaningful language access services. An effective language access plan highlights the following: ongoing needs assessments; how to provide services to individuals who have limited English proficiency (LEP) or communicate in various sign languages; using different data sources to identify, track and provide services; how to provide notices to current and prospective members; training of staff on the importance of language access services; and using data for quality improvement.

Trillium’s CAP describes tools for tracking language services delivered by vendors, but does not demonstrate how data is used, including multiple data sources, to proactively identify and document members’ language needs, inform the provider network, and use the information for meaningful language access service delivery across the care continuum and to engage members. The use of other data sources and methods for identifying members’ language needs is a best practice for effective language service delivery due to the limitations of the language flag in the 834-member enrollment file provided by OHA.

Trillium’s CAP describes working with language service companies to provide interpreter services but is silent on how they will develop internal operational structures and workflows to complement the use of contractors to provide language services. The available evidence suggests an over reliance on vendors

affects quality and meaningful language access services because it results in the overuse of telephonic interpretation services, the least preferred modality by LEP members. Telephonic interpretation is not appropriate for all encounters.

Trillium highlights activities to implement the use of the CLAS standards. While the CLAS standards promote meaningful access to culturally appropriate services, including language services, specifying how Trillium's policies and activities align with each CLAS standard that is employed will be equally important. Trillium should provide additional description to identify the CLAS standards that will be used and how its policies, strategies, and actions align with specific CLAS standards.

Community Engagement

Trillium's community engagement plan and strategies are generic and lack specificity. Trillium should provide additional details of direct actions it will take to meaningfully and proactively identify and engage all communities and members in the service area. A generic approach to engaging the various communities in Trillium's current and new service areas may not be effective.

Community engagement is a process and may look different for each community/group/organization. The plan to meaningfully engage and thoughtfully connect with stakeholders to strengthen relationships in the community should be strategic and tailored to stakeholders and individual engagement efforts. Please reference technical assistance language in table element number 3.1.2.

Intensive Care Coordination

Please provide information about any challenges faced after assuming the responsibility to provide substance use disorder ICC services and how what is learned will be used to prepare Trillium to assume behavioral health ICC services on January 1, 2021. Please provide additional details to ensure operational processes are in place to support Trillium in fulfilling the ICC requirements.

Please review all comments and revise the CAP to address OHA feedback. Please resubmit the revised CAP to OHA by December 14, 2020, to the following addresses:

- CCO.MCOTDeliverableReports@dhsosha.state.or.us
- Lori.A.Coyner@dhsosha.state.or.us

Sincerely,



Lori Coyner
Medicaid Director
Health Systems Division
Oregon Health Authority

CC:

Patrick Allen, OHA Director
Margie Stanton, Health Systems Division Director
David Baden, Chief Financial Officer
David Inbody, CCO Operations Manager
Veronica Guerra, Quality Assurance and CCO Contract Oversight Manager
Cheryl Henning, CCO Contracts Administrator
Contract File

Trillium CAP Review

Tracking Number	#	Specific Comments to Proposed Activities	Other Comments
Network Development			
1.1	1.1.1	<p>Evidence Documents should include the following:</p> <ul style="list-style-type: none"> • Network adequacy policy • Supplementary tools that will be used to monitor network adequacy by the Network Adequacy Committee, including but not limited to time and distance analysis, member to provider ratio reports, out-of-network utilization reports, provider panel recruitment efforts, monthly appeal and grievance reports. • Attestation obtained from home health providers should be provided to OHA. • Home Health Tracker should include provider to member capacity ratios. <p>Target Resolution Dates: Resolution dates for #1-3 (currently 12/31/20) should likely be extended to reflect the above requirements.</p> <p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Network Adequacy Committee meeting frequency – Should not limit frequency to 6 months of monthly meetings. The Committee should meet monthly for 6 months until determined okay to switch to quarterly. 	<p>The ongoing monitoring activities are repeated throughout the network development section and are not tailored to individual findings. It seems a general approach is being used to resolve network adequacy findings, which may not be enough.</p>
	1.1.2	<p>Actions to Be Taken:</p> <ul style="list-style-type: none"> • Incorporate information for inpatient psych hospitals/facilities. <p>Evidence Documents should include the following:</p> <ul style="list-style-type: none"> • Network adequacy policy • Supplementary tools that will be used to monitor network adequacy by the Network Adequacy Committee, including but not limited to time and distance analysis, member to provider ratio reports, out-of-network utilization reports, provider panel recruitment efforts, appeal and grievance reports. 	<p>Actions, evidence documents, and ongoing monitoring focused on medical inpatient hospitals. There are no actions specific to inpatient psych. From the list, only Tuality and Cedar Hills have adult inpatient psych beds. Tuality specializes in gero psych. Cedar Hills is an IMD and is a freestanding psych hospital, so they accept patients with medical issues. From their list, only OHSU (Doern) has youth inpatient psych beds (on the medical floor with their psych attending model, not an actual psych unit). What about contracts with other hospitals in the Metro Area with youth inpatient psych beds: Unity and Providence Willamette Falls</p>

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		<p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Network Adequacy Committee meeting frequency – Should not limit frequency to 6 months of monthly meetings. The Committee should meet monthly for 6 months until determined okay to switch to quarterly. 	<p>Medical Center?</p>
	1.1.3	<p>Evidence Documents should include the following:</p> <ul style="list-style-type: none"> • Network adequacy policy • Supplementary tools that will be used to monitor network adequacy by the Network Adequacy Committee, including but not limited to time and distance analysis, member to provider ratio reports, out-of-network utilization reports, provider panel recruitment efforts, monthly appeal and grievance reports. • Attestation obtained from contracted RHCs should be provided to OHA. Attestation should include provider to member capacity ratios. <p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Network Adequacy Committee meeting frequency – Should not limit frequency to 6 months of monthly meetings. The Committee should meet monthly for 6 months until determined okay to switch to quarterly. 	<p>Have discussions occurred with OHSU regarding the ability to use single case agreements with the three OHSU RHCs?</p>
	1.1.4	<p>Evidence Documents should include the following:</p> <ul style="list-style-type: none"> • Network adequacy policy • Tools that will be used to monitor network adequacy by the Network Adequacy Committee, including but not limited to time and distance analysis, member to provider ratio reports, out-of-network utilization reports, provider panel recruitment efforts, monthly appeal and grievance reports. • Attestation obtained from contracted providers should be provided to OHA. Attestation should include provider to member capacity ratios and whether provider serves adults or children. • Executed contracts with BH providers currently under negotiation. 	

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		<p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Network Adequacy Committee meeting frequency – Should not limit frequency to 6 months of monthly meetings. The Committee should meet monthly for 6 months until determined okay to switch to quarterly. 	
	1.21	<p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	
	1.3.1	<p>Evidence Documents:</p> <ul style="list-style-type: none"> • Item #3 – needs more explanation to understand content. • Modify evidence documents to include the following: <ul style="list-style-type: none"> ○ Network adequacy policy ○ Tools that will be used to monitor network adequacy by the Network Adequacy Committee, including but not limited to time and distance analysis, member to provider ratio reports, out-of-network utilization reports, provider panel recruitment efforts, monthly appeal and grievance reports. ○ Attestation obtained from contracted providers should be provided to OHA. Attestation should include provider to member capacity ratios and whether provider serves adults or children. ○ Executed contracts with BH providers currently under negotiation. <p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Network Adequacy Committee meeting frequency – Should not limit frequency to 6 months of monthly meetings. The Committee should meet monthly for 6 months until determined okay to switch to quarterly. 	
	1.4.1	<p>Evidence Documents should include the following:</p> <ul style="list-style-type: none"> • Network adequacy policy • Tools that will be used to monitor network adequacy by the Network Adequacy Committee, including but not limited to time and distance analysis, member to provider ratio reports, out-of- 	<p>Beginning 1/1/2021, if member needs Intensive In Home Behavioral Health Treatment (IIBHT) services, what providers can offer services?</p>

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		<p>network utilization reports, provider panel recruitment efforts, monthly appeal and grievance reports.</p> <ul style="list-style-type: none"> • Attestation obtained from contracted providers should be provided to OHA. Attestation should include provider to member capacity ratios and whether provider serves adults or children. • Executed contracts with BH providers currently under negotiation. <p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Network Adequacy Committee meeting frequency – Should not limit frequency to 6 months of monthly meetings. The Committee should meet monthly for 6 months until determined okay to switch to quarterly. 	
Health Equity-Language Access			
2.1	2.1.1	<p>Actions to Be Taken:</p> <ul style="list-style-type: none"> • Action #1 - does not clearly demonstrate how the CCO fully complies with the current contract requirements to provide quality language interpreter services, completion of required language access reporting, and the work CCOs will need to undertake to ensure compliance with the CCO Incentive Measures. Please revise or supplement this action with a long-term strategy to ensure quality language interpreter services are offered to members. • Action #2 - monitoring should extend beyond “go-live” period. Please provide more information about the content of the go-live weekly Interpretation Vendor Metrics reporting and Dashboard. • Action #3 - should incorporate information describing Trillium process and internal activities to support oversight at the <ul style="list-style-type: none"> • program level. What does oversight consist of in addition to audits and workflow referenced in activities? • Action #4 - does not clearly state Is this specific to vendor P&Ps? 	

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		<p>What is the CCO doing to ensure quality of interpreter services?</p> <p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Add review of member (and provider) grievances • Leadership review of Health Equity and Language Access progress and reporting – Should not limit frequency to 6 months of monthly meetings. The Committee should meet monthly for 6 months until CAP progress suggests it is fine to switch to quarterly. <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	
	2.2.1	<p>Actions to Be Taken:</p> <ul style="list-style-type: none"> • Action #1 - speaks generally to implementation of a CLAS policy. In the context of this finding, please describe the CLAS standards that will be utilized to address this finding. Not all 15 standards relate to language access. • Action #2 - needs more specificity to describe the information that will be updated in the individual policies. Policies should also describe process by which TCHP will assess individual interpreter access needs. • Action #3 - Please describe the content of the report, who will develop the report, how will the report be used, etc. Additional information is needed to determine if the report will assist in resolving this particular finding. <p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Add review of member (and provider) grievances • Leadership review of Health Equity and Language Access progress and reporting – Should not limit frequency to 6 months of monthly meetings. The Committee should meet monthly for • 6 months until CAP progress suggests it is fine to switch to quarterly. • The annual review of the Cultural and Linguistic policy and actions should occur on a more frequent basis during the CAP 	<p>Evidence Documents: generally speaking, the documents focus on providing OHA with policies. We would also like to see any documentation that shows how those policies are being implemented at the operational level.</p>

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		<p>period.</p> <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	
	2.3.1	<p>Actions to Be Taken:</p> <ul style="list-style-type: none"> • Action #1 – does the analysis include a community component? Please modify the action to instead focus on health inequities identified in the service area. How will TCHP develop understanding of inequities existing in the service area? • Action #2 – please describe the information/tools the Network Adequacy Committee will review to inform health equity needs in the provider network. Will Health Equity subject matter experts be included in the Network Adequacy Committee? If so, please add a group charter or list of participants to the evidence documents to demonstrate expertise of participants representing health equity on the committee. • Action #3 - Please describe this action with more specificity. How will utilization be assessed/evaluated to identify disparities in use of services? How will the utilization benchmarking inform the overall approach to improve access to services for underserved communities? Will the monthly utilization report provide any additional information to the quarterly reports? <p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Add review of member (and provider) grievances • Leadership review of Health Equity and Language Access progress and reporting – Should not limit frequency to 6 months of monthly meetings. The timeline to move to quarterly analysis should be determined by CAP progress. <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	
	2.4.1	<p>Actions to Be Taken:</p> <ul style="list-style-type: none"> • Action #1 – need more specificity on the implementation steps/activities for the community engagement plan. 	<p>What does “CAT” mean in this worksheet?</p> <p>Completion of the Health Equity Plan does not fully demonstrate</p>

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		<ul style="list-style-type: none"> • Action #2 – need more details and specificity to appropriately evaluate this action. • Action #3 – unclear what the level of engagement will be with HCWC. Please provide more details. <p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Add review of member (and provider) grievances • Leadership review of Health Equity and Language Access progress and reporting – Should not limit frequency to 6 months of monthly meetings. The timeline to move to quarterly analysis should be determined by CAP progress. <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	<p>engagement of the community to identify health equity issues. Which community members contributed to the Health Equity Plan process?</p> <p>Actions do not include ongoing engagement of community. Generally, the actions, evidence documents and the ongoing monitoring do not show an overall plan to meaningfully engage the community to identify health equity issues. The items included in CAP focus on process/steps to be taken but the information also needs to be supplemented with strategic approach showing how the intended outcome will be achieved.</p>
	2.5.1	<p>Actions to Be Taken:</p> <ul style="list-style-type: none"> • Actions #1 and #2– Please explain how the action ties back to resolving the finding. How will the individual actions demonstrate to OHA the finding has been resolved? • Action #3 – Please speak to the specific strategies/activities that will be included in the CAP reporting to demonstrate the finding is resolved. Finalizing the Health Equity Plan is not enough to demonstrate the OHA finding and the OHA action needed have been appropriately addressed. • Action #4 – speaks generally to implementation of a CLAS policy. Please describe the CLAS standards that will be utilized to address this finding. Not all 15 standards relate to language access. <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> • The timeline to move to quarterly analysis should be determined by CAP progress and whether the finding is close to being resolved for purposes of the CAP. • The annual review of the Cultural and Linguistic policy and actions should occur on a more frequent basis during the CAP period. 	<p>The actions taken since 7/29/20 need to be supplemented further to achieve the intended outcome and resolve the finding.</p>

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		Target resolution dates should extend through the CAP period. Dates are for 2020 and do not go into 2021.	
	2.6.1	<p>Actions to Be Taken:</p> <ul style="list-style-type: none"> • #1 – OHEA membership is a great first step but does not necessarily demonstrate meaningful engagement of the community. How will TCHP implement internal discussions and processes to prepare TCHP to meet the needs of minority and diverse members? • Action #3 – In addition to finalizing the Health Equity Plan, please include other actions that will demonstrate meaningful engagement with the Regional Health Equity Coalition to meet the needs of minority and diverse OHP members. <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> • The timeline to move to quarterly analysis should be determined by CAP progress and whether the finding is close to being resolved for purposes of the CAP. <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	TCHP is relying on regular deliverable reporting to show evidence of meaningful engagement. What else will be done, in addition to regular reporting, to help resolve the findings?
Community Engagement			
3.1	3.1.1	<p>Actions to be taken:</p> <ul style="list-style-type: none"> • Actions #1 and #2 - Please ensure the community engagement plan demonstrates the following: <ul style="list-style-type: none"> ○ Immediate and ongoing community engagement; ○ The community engagement plan should demonstrate how it will be adjusted based on learnings, clinical quality improvement efforts, and community input; ○ Varying levels of meaningful community engagement that addresses a broad set of CCO decisions, activities and deliverables that are not limited to the CHA/CHP process; ○ Strategies to address barriers to community 	

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		<p>engagement, that are not limited to CAC member engagement, and include methods to avoid exclusionary practices and allocation of resources (including funds);</p> <ul style="list-style-type: none"> ○ Utilization of OHA OEI’s commuting engagement strategies checklist; ○ Strategy to publicly share community engagement plan and annual updates. <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> ● The timeline to move to quarterly analysis should be determined by CAP progress and whether the finding is close to being resolved for purposes of the CAP. ● Incorporate OHA feedback above (actions to be taken) in the quarterly QI committee review <p>Target resolution dates should extend through the CAP period.</p>	
	3.1.2	<p>Actions taken and actions to be taken:</p> <ul style="list-style-type: none"> ● Provide a differentiating strategy of engagement approaches across stakeholder organizations/groups identified by TCHP. ● Provide evidence of the effectiveness of the engagement strategies across organizations/groups. <p>Actions to be taken:</p> <ul style="list-style-type: none"> ● Add action to show selection and engagement process for CAC members that will be added to Board. Describe how CAC members on Board are fully engaged voting members with decision-making authority. <p>Evidence documents:</p> <ul style="list-style-type: none"> ● Please add the Governing Board roster to the evidence column. OHA will require the initial submission with first monthly CAP report and any changes should be reported with subsequent monthly CAP reports for two additional months. After that, follow contract requirement that says to submit w/in 30 days of any change in membership. 	<p>Below is technical assistance previously shared with CCOs completing the Remediation Plan process.</p> <p>Community engagement is a process and may look different for each community/group/organization. The plan to meaningfully engage and thoughtfully connect with stakeholders to strengthen relationships in the community should be strategic and tailored to stakeholders and individual engagement efforts. When deciding how and when the CCO will engage the community, consideration needs to be given to determine the level of impact any decision may have on the community and stakeholders. Once the level of impact in the community has been identified, then the CCO can determine the level of engagement required. Levels of impact and engagement:</p> <ul style="list-style-type: none"> ● High Impact – project, program or decision can be controversial or have varying levels of acceptance within the community. <ul style="list-style-type: none"> ○ Levels of engagement: Shared Decision-Making,

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		<p>Ongoing monitoring:</p> <ul style="list-style-type: none"> The timeline to move to quarterly analysis should be determined by CAP progress and whether the finding is close to being resolved for purposes of the CAP. <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	<p>Collaborate, Involve, Consult and Inform. The level of community engagement should be aimed at the Collaborate level as a minimum.</p> <ul style="list-style-type: none"> Medium Impact – project, program or decision will be accepted by the majority of the community impacted, but there could be sections of the community where it may not, or it may be inconvenient. <ul style="list-style-type: none"> Levels of engagement: Involve, Consult and Inform. It should normally aim at having public participation aimed at the Involve level, although in some circumstances Collaborate may be appropriate. Low Impact – project, program or decision will be widely accepted by the community and will be seen as positive. <ul style="list-style-type: none"> Levels of engagement: Inform. It should aim at the “inform” level of engagement, however, some minor consultation activities may occur before making a final decision. <p>With all levels of impact, a stakeholder analysis is critical in determining what level of engagement may be required. Even at High Impact level, not all stakeholders will need to have the same level of engagement; many stakeholders only being required to be engaged at the Informed, Consult or Involve level. Stakeholder analysis questions for consideration include:</p> <ul style="list-style-type: none"> What are the key issues or areas of interest for the project/program? Who the key stakeholder groups; what is their level of interest; who are the key contacts? <p>Please reference the Spectrum of Public Participation for additional descriptions about the engagement goal.</p>
	3.1.3	<p>Actions to be taken:</p> <ul style="list-style-type: none"> Action #6 – The CAC plan should provide additional information regarding how the CAC is engaged and involved in decision 	

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		<p>making and how recommendations from the CAC will be included in Board decision making. The CAC plan should also demonstrate the following:</p> <ul style="list-style-type: none"> ○ How CAC will incorporate feedback in decision-making; ○ CAC process to provide recommendations to CCO Board; ○ Process detailing how feedback is considered and is responsive to unique audiences (e.g., members, health care providers, other service delivery partners, stakeholders), including language accessibility; how CAC meeting group agreements are established to create a respectful, inclusive environment and processes that intentionally use plain language; ○ Documented feedback loop process to ensure CAC input gets communicated to CCO and CCO response is brought back to CAC ○ Written description of orientation and on-going support, e.g., mentorship, for CAC members on CCO governing board to ensure effective participation. ○ How the member voice is elevated: CAC member satisfaction report/surveys are administered annually to assess CAC member’s experience in having a voice with CCO and whether processes are trauma informed and meet the needs of members who have experienced trauma <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> ● The timeline to move to quarterly analysis should be determined by CAP progress and whether the finding is close to being resolved for purposes of the CAP. <p>Target resolution dates should extend through the CAP period.</p>	
	3.1.4	<p>Actions to be taken:</p> <ul style="list-style-type: none"> ● Describe the general strategy and list of partnerships that TCHP aims to establish 	

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		<ul style="list-style-type: none"> • Demonstrate TCHP efforts to inform the CHA and CHP development in addition to efforts led by HSO. <p>Evidence documents:</p> <ul style="list-style-type: none"> • Please provide documentation of efforts taken to engage with tribes. • Please add tribal engagement plan. <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> • The timeline to move to quarterly analysis should be determined by CAP progress and whether the finding is close to being resolved for purposes of the CAP. <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	
	3.1.5	<p>Actions to be taken:</p> <ul style="list-style-type: none"> • The tribal engagement plan should not be limited to outreach. Engagement with tribes residing within the service area should be coordinated through the CAC and Tribal Advisory Committee, with a key role played by the CCO's Tribal Liaison. <p>Evidence documents:</p> <ul style="list-style-type: none"> • Please provide documentation of efforts taken to engage with tribes. • Please add tribal engagement plan. <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> • The timeline to move to quarterly analysis should be determined by CAP progress and whether the finding is close to being resolved for purposes of the CAP. <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	

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	3.2.1	<p>Actions to be taken:</p> <ul style="list-style-type: none"> • Please reference comments for 3.1.2 and revise actions to align with the goals of the community engagement process described above. • Please revise to include an action involving direct community engagement (e.g., survey, focus group, etc.) to assess the impact of the proposed actions (P&Ps, educational materials, committee training). <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> • The timeline to move to quarterly analysis should be determined by CAP progress and whether the finding is close to being resolved for purposes of the CAP. <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	
Intensive Care Coordination			
4.1	4.1.1	<p>Evidence documents:</p> <ul style="list-style-type: none"> • Please add the health risk screening to the list of documents. <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> • Please describe internal actions to be taken if members are not screened timely risk mitigation strategies to ensure timely screening. <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	
	4.1.2	<p>Evidence Documents:</p> <ul style="list-style-type: none"> • ICC tracker should include member data demonstrating timely screening, referral for assessment, enrollment in ICC services, number of members with care plan, members with identified interdisciplinary team, assignment of ICC care coordinator, sharing of ICC plan with PCPs and other providers. • Workflows should show all stages of ICC process and required 	

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		<p>activities (e.g., assessment, development of individualized care plan, convening interdisciplinary team, reassessment for ICC services).</p> <ul style="list-style-type: none"> • Evidence of staff ability to meet member needs through alternative availability options. • Please ensure staff training plan includes the requirements in OAR 410-141-3870. • Staffing plan should demonstrate staff can meet the complexity, scope and intensity of the needs of members received ICC services. • Process to provide members with special health care needs who are receiving ICC services or are receiving Medicaid-funded LTSS with direct access to a specialist. <p>Target resolution dates should extend through the CAP period. Dates are for 2020 and monitoring will likely extend into 2021.</p>	