



Community Advisory Council Charter

Title:	Advanced Health Coos County Community Advisory Council (CAC)
Date Chartered:	January 5, 2017 [replaced by-laws dated 11/05/2013] Re-Chartered Under New Rules: June 19, 2019
Timeline:	The CAC has the timeline <i>as if</i> a Standing Committee of the Board
Meeting Frequency:	The Advanced Health Coos County CAC will hold regular monthly meetings. Standing sub-committees and/or ad hoc work groups will according to the needs of those groups.
Sponsor	Advanced Health Governing Board Coos County Board of Commissioners
Purpose:	The Coos County CAC exists to ensure the coordinated care organization (CCO) is addressing the health care needs of Medicaid beneficiaries and the community consistent with ORS 414.627. The Coos County CAC is advisory in nature and provides an essential link to consumers and the community-at-large to aid Advanced Health in engaging its members and promoting health care transformation.
Duties	The duties of the council include but are not limited to: <ol style="list-style-type: none"> 1. Identifying and advocating for preventive care practices to be utilized by Advanced Health; 2. Overseeing a community health assessment and adopting a community health improvement plan to serve as a strategic population health and health care system service plan for the community served by Advanced Health; 3. Annually publishing a report on the progress of the community health improvement plan; 4. Meaningfully participating in Advanced Health’s prioritization, decision-making, and evaluation of SDOH-HE and Community Benefit investments; and, 5. Offering feedback and assisting Advanced Health with special projects as requested.
Membership	The CAC will be appointed in accordance with ORS 414.627 and will include representatives of the Coos County community and of county government services. Council members are considered advisors and advocates, not volunteers, as the Fair Labor Standards Act states that an

individual cannot volunteer services to a private, for-profit, company (October 2017).

The CAC shall have a maximum of 21 and minimum of 19 members representing a broad spectrum of served individuals and their families, health providers and partner organizations, and other key community representation.

Consumer Representatives: There shall be a minimum of 11, and a maximum of 12 consumer representatives on the CAC. Consumer representatives who are Medicaid beneficiaries must constitute the majority of the membership. For the purposes of this charter, a consumer is defined as a Medicaid beneficiary who is enrolled in Advanced Health, or the parent of a child or children who are Medicaid beneficiaries and enrolled in Advanced Health, or the personal representative of an individual who is a Medicaid beneficiary and enrolled in Advanced Health. To the greatest extent possible, consumer representatives will include persons with disabilities, older adults, persons with chronic medical conditions or disease states, individuals who are or have been diagnosed with mental illness or substance use disorders, and those who can serve as voices for children and persons with intellectual or developmental disabilities. Similarly, every effort will be made to include consumers who align with priority needs identified in the CHA and CHP, such as individuals who are characterized by food insecurity, or transportation barriers, or unstably housed. Finally, every reasonable effort will be made to seat those consumer members who reside in remote locations, or who are representative of ethnic minority cultures, or who are veterans, or who can represent the LGBTQ community.

Community Representatives: Nine or ten community representatives shall also be appointed to the CAC, according to the following schedule:

- One county commissioner, who also represents the LMHA;
- One representative from the Local Public Health Authority;
- One representative from the Early Learning Council, Early Learning Hub, or Youth Development Council;
- One representative from the local State DHS Office;
- One representative from education;
- One representative from housing;
- One Traditional Health Worker;
- One Tribal representative; and,
- One or Two representatives from the community-at-large.

Terms:

- Appointments can be for one, two, or three years as indicated by the new member. Appointments for members can be renewed for those in good standing. Any single individual may not serve on the CAC for more than five consecutive years.
- The Chair and Vice-Chair appointments are for one calendar year
- Consumer members who become Medicaid-ineligible may continue to serve on the CAC as a consumer, receiving the stipend from Advanced Health, until the end of the calendar quarter (March 31, June 30, September 30, and December 31). At the end of the quarter, the consumer is no longer able to fill a seat on the CAC as a consumer member; however, the former consumer is eligible to be nominated for a community member position on the CAC (if there are corresponding openings available).

Recruitment: The board of directors for Advanced Health, together with the board of county commissioners, is responsible for recruiting and appointing CAC members and filling all CAC vacancies. The CAC may seat a Nominating Committee for the purposes of nominating its officers or may simply call for nominations from the floor.

Due to the need to maximize consumer participation in the CAC, identification of potential consumer members will be managed in a flexible, accommodating manner.

1. Consumers may be invited to participate in the CAC in the capacity of a guest.
1. Consumer guests who attend 2-3 CAC meetings may be asked about their interest in joining the CAC as a member.
2. Those expressing interest in joining are eligible to be nominated by Advanced Health's governing board to the board of county commissioners.

Stipends: Consumer members are eligible to be paid a stipend for each CAC meeting they attend. The amount of the stipend is determined by Advanced Health and is a set amount for each consumer member. Stipends for childcare are also available.

Transportation: Transportation to and from the CAC meetings is provided to consumer CAC members by Bay Cities Brokerage (BCB) and paid for by Advanced Health. If the consumer member chooses not to accept the ride from BCB, they can apply for mileage reimbursement through BCB and are held to BCB's requirements, such as obtaining prior authorization and submitting the required documentation. The mileage reimbursement

	<p>rate is subject to Oregon Administrative Rule. Advancement of mileage reimbursement is not allowed for CAC attendance.</p> <p>Voting and Proxies: Each CAC member is a voting member and has the right to appoint someone else to vote for them in their absence. To appoint a proxy, the CAC member must complete the Appointment of Voting Proxy form prior to each meeting and for each specific instance of proxy voting. The form is valid for only a single meeting.</p> <p>Resignations: If a CAC member misses three consecutive meetings, Advanced Health will interpret this to mean that the member has tendered his or her resignation from the CAC. Exceptions may be granted for those CAC members who have provided advanced notice to Advanced Health of their planned and excused absence.</p>
<p>Operating Principles:</p>	<p>The meetings of the CAC shall be open to the public. Public participation at meetings may be confined to the Public Comment section of the meeting. Individual comments may be limited to 3-5 minutes to accommodate all who may wish to speak.</p> <p>Roberts' Rules of Order, revised (10th edition), shall be the parliamentary guidelines for all matters of procedure not specifically covered by this Charter.</p> <p>Two quorums are required: At least 51 percent of Consumer members must be present, and 51 percent of all members must be present for business to be transacted or decisions to be made.</p> <p>The CAC shall strive to create a safe and comfortable atmosphere for individuals to share their experiences, opinions and ideas regarding the delivery of health services and related issues involving Advanced Health, contracted health providers and partner organizations.</p> <p>Individual members will strive to act in a most respectful manner regarding each other, maintaining focus on the CAC's primary objectives and allowing all to participate. As necessary, individuals may be reminded of these guidelines.</p> <p>To meet its main objectives, the CAC is generally not able to resolve individual issues regarding the Health Plan, specific providers or services but instead will refer these matters to Advanced Health's consumer complaints and grievance systems and will remain focused on larger systemic issues that may be exemplified by the specific example.</p>

Advanced Health Community Advisory Council Charter

	<p>The CAC is responsible for reporting to the Advanced Health Board at least quarterly. These reports will be submitted in written format unless otherwise requested by Advanced Health.</p>
<p>Meeting Frequency:</p>	<p>Monthly (Minimum of 10 Months/Meetings per Year)</p>
<p>Standing Committees</p>	<p>CHP Steering Committee: The CAC shall seat a CHP Steering Committee in any number and configuration it deems appropriate to oversee the development and progress of the CHP, pursuant to the CHP Steering Committee Charter.</p> <p>CAC Finance Committee: Advanced Health shall annually provide the Coos CAC with XXXXXX to offset the CAC’s operating expenses. The CAC shall seat a Finance Committee in any number and configuration it deems appropriate to establish its annual budget and prioritize the CAC’s expenditures for operating costs. Operating costs include those costs associated with CAC member participation (stipends, child care, transportation), the convening of CAC and committee meetings (rental facilities, nutrition served at meetings), in-service training and development (trainers, attendance at conferences including registration, lodging, transportation, and per diem), the retention of consultants or contractors, materials, supplies, and any other operating costs. By December 31 of each year, the Finance Committee shall present its annual budget for the upcoming year to Advanced Health’s Chief Financial Officer.</p> <p>Health Related Spending (HRS) Community Benefit Program Committee: The HRS Community Benefit Program Committee shall be responsible for prioritizing (consistent with the CHA and CHP), selecting, and evaluating health-related community benefit grants and contracts. Advanced Health shall annually provide XXXXXX to the Coos CAC for this purpose. The HRS Community Benefit Program Committee must be comprised, in the majority, of consumer members of the CAC. No CAC member may serve on the HRS Community Benefit Program Committee if he or she is the employee of, or serves on the board of directors for, an entity that is likely to be an applicant for HRS Community Benefit funds. No CAC member may serve on the HRS Community Benefit Program Committee unless he or she has completed an 8-12-hour in-service training program in program development and evaluation provided by Advanced Health. No CAC member may concurrently serve on the HRS Community Benefit Program Committee and the SDOH-HE Program Committee. No grant or contract may be awarded at the recommendation of the HRS Community Benefit Program Committee until approved by a majority of CAC members at a full CAC meeting at</p>

	<p>which a quorum is present. No single HRS Community Benefit award may exceed XXXXXX in value, or one year in duration. The initial award may be made in the form of a grant, but any second award must be in the form of a performance-based contract with rigorous, time-framed and measurable outcome objectives and a robust evaluation plan. All meetings of the HRS Community Benefit Committee will be open to the public and decision-making processes shall be transparent in nature.</p> <p>Social Determinant Of Health - Health Equity (SDOH-HE) Program Committee: Together with a corresponding program committee of Advanced Health’s governing board, the CAC’s SDOH-HE Program Committee shall be responsible for prioritizing (consistent with the CHA and CHP), selecting, and evaluating Advanced Health’s investments in SDOH-HE, including the development of an implementation plan that is due by March 15, 2020. The SDOH-HE Program Committee shall be comprised of three-to-five CAC members, and comprised, in the majority, of consumer members of the CAC. No CAC member may serve on the SDOH-HE Program Committee if he or she is the employee of, or serves on the board of directors for, an entity that is likely to be an applicant for SDOH-HE investment funding. No CAC member may serve on the SDOH-HE Program Committee unless he or she has completed an 8-12-hour in-service training program in program development and evaluation provided by Advanced Health. No CAC member may concurrently serve on the HRS Community Benefit Program Committee and the SDOH-HE Program Committee. All recommendations of the SDOH-HE Program Committee must become ratified by the full CAC and the governing board for Advanced Health. All meetings of the SDOH-HE Program Committee will be open to the public, although public comment may be delimited by the chairperson, and all decision-making processes shall be transparent in nature.</p>
Review Charter:	Yearly
Date(s) Revised:	3/01/2018; 06/19/19
Related Documents:	Community Health Improvement Plan (CHIP) Coalition Charter, Coos County Community Health Improvement Plan (CHIP) Steering Committee Charter