

CCO 2.0 & Community Advisory Councils (CACs): Frequently Asked Questions (FAQs)

This document addresses frequently asked questions about CAC requirements which are detailed in the CCO Contract, Oregon Administrative Rules (OARs) and/or Oregon Revised Statute (ORS). Please contact thomas.cogswell@dhsosha.state.or.us or transformation.center@dhsosha.state.or.us with any questions.

CAC Demographic Report

1. Why is OHA asking CCOs to complete an Annual CAC Demographic Report?

OHA is interested in understanding the extent to which CCO's CAC membership is representative of the communities (including those experiencing health disparities) in the CCO's service area. This report is also a requirement of the CCO contract (Exhibit K, 5).

2. When is the report due each year?

The report is due on June 30 each year to CCO.MCOCDeliverableReports@odhsosha.oregon.gov.

3. Is there guidance available to CCOs on completing the report?

Yes, the Transformation Center developed [report guidance](#), which includes a template & evaluation criteria for CCOs to use when completing the 2022 report. This template will be updated annually and posted on the CCO contract form's webpage. Please also see this [optional worksheet](#) that CCOs can use to assess the demographics of their CAC, as compared to the demographics of the CCO's community.

4. When and where will 2021 CAC Demographic Report submissions be posted online?

Final reports were posted online [here](#) at the end of Q1 in 2022 (scroll down the CAC Demographic Report's table).

CAC Duties

1. What is a CAC?

A Community Advisory Council is the CCO-convened council that meets regularly to ensure the CCO is addressing the health care needs of CCO members and the community consistent with ORS 414.625.

2. What are the primary duties of a CAC?

- Identifying and advocating for preventive care practices to be utilized by the CCO¹
- Overseeing a Community Health assessment and adopting a Community Health Improvement plan, in accordance with ORS 414.577¹
- Annually publishing a report on the progress of the community health improvement plan¹
- Have a role in reviewing CCO spending on the social determinants of health & equity, including:
 - Health-related Services (HRS) community benefit initiative spending²; and
 - Supporting Health for All Through Reinvestment (SHARE) Initiative spending³

3. What are examples of how a CAC can oversee the Community Health Assessment (CHA) process?

- The CAC provides feedback to the CCO and CHA partners in developing different [assessments](#).
- The CAC advises the CCO and CHA partners on community engagement strategies.
- The CAC helps promote the assessments in the community.
- The CAC reviews health assessment data and makes recommendations to the CCO and CHA partners about prioritization.

¹ ORS 414.575

² OAR 410-141-3845

³ OAR 410-141-3735

4. Are there specific parameters that CCOs should use when developing a role for the CAC in determining whether investments are made and how much for Health-Related Services community benefit initiative spending?

It is up to the CCO to determine the CAC's role for these investments and that should be clearly defined within the CCO's HRS policy and procedure². For additional information on HRS, please visit the [Transformation Center's Health-Related Services webpage](#).

5. Are there specific parameters that CCOs should use when developing a role for the CAC when it comes to CCO SHARE Initiative spending decisions?

It is up to the CCO to define the specifics of the CAC role related to CCO SHARE-related spending decisions. However, here are a few examples:

- The CAC identifies and/or approves SDOH-E priorities that are in line with community priorities in the CHP
- The CAC reviews SHARE Initiative related proposals and makes recommendations to the CCO leadership or board
- The CCO designates a portion of funding for the CAC to direct to SHARE Initiative efforts
- The CAC tracks and monitors outcomes of SHARE Initiative spending

For additional information, click here to access the [OHA SHARE webpage](#).

6. How often do CCOs need to complete a CHA and CHP?

At least every five years⁴.

7. Can subcommittees of the CAC make decisions on behalf of the regular CAC?

Decisions need to be made by the regular CAC and cannot be deferred or delegated to CAC subcommittees. Further, subcommittees can make recommendations to the full CAC but cannot make decisions on behalf of the CAC. If required, decisions could be made in between CAC meetings by the regular CAC via email, if permitted in the CAC charter or bylaws. It is recommended that CCOs identify the types of decisions that could be made by the regular CAC via email in the charter or bylaws.

CAC Membership & Selection

1. How many CACs are CCOs required to establish?

One¹.

2. Who is required to participate in the CAC Selection Committee?

The CAC Selection Committee must be comprised of, in equal numbers: 1) individuals who sit on the CCO's governing board, and b) individuals who are representatives of each county within the CCO's service area¹.

3. What is the alternative if a county in the CCO's service area does not have adequate staffing to serve on the CAC Selection Committee?

The county could delegate its CAC membership rights to another county in the same CCO's service area to vote on its behalf. This would be accomplished through a written agreement between the counties, such as a letter or Memorandum of Understanding, signed by both counties. Since ORS [414.575\(1\)\(b\)](#) requires the number of county representatives to be the same as the number of governing body representatives, then the number of governing body representatives would need to be decreased to match the number of county delegates.

4. Can CAC coordinators participate in the CAC Selection Committee?

CAC coordinators can participate in the CAC Selection Committee if they are county employees. If they are not county employees CAC coordinators are not able to participate on the CAC Selection Committee. It is the expectation that CAC coordinators will engage in CAC recruitment activities and nominate potential CAC members to the CAC Selection Committee to consider.

5. If there is a tie vote on the CAC Selection Committee regarding the decision of whether to appoint a new CAC member, who is responsible for making the tie-breaking vote?

⁴ OAR 410-141-3700

It is up to the CCO to determine who will make the tie-breaking vote.

6. What seats must be filled on a CAC?

- Consumers must represent a majority (at least 51%) of members on each CAC¹.
- Representatives of each county government in the CCO's service area¹
- Representatives of the diversity of populations within the CCO's service area, with specific emphasis on individuals who are representative of populations that experience health disparities⁵
- Note: Tribal CAC seats are technically not required seats. Rather, a CCO is required to reach out to tribes to identify if they would like to appoint a tribal member on their CAC(s). CCOs shall afford an opportunity for tribal participation on CACs as follows:
 - (a) In CCO service areas where only one federally recognized tribe exists, the CCO shall seek one tribal representative to serve on the CAC;
 - (b) In CCO service areas where multiple federally recognized tribes exist, the CCO shall seek one representative from each tribe to serve on the CAC;
 - (c) In metropolitan CCO Service Areas where no federally recognized tribe exists, CCOs shall solicit the Urban Indian Health Program for a representative to serve on the CAC⁶

7. For a CCO that has a very small number of members in an adjacent county, is this county required to be represented on the CAC?

Yes. However, if the adjacent county does not have adequate staffing to identify a county employee to serve on the CAC, the county could delegate its CAC membership rights to another county on the CAC to vote on its behalf. This would be accomplished through a written agreement as described in #3 above.

8. What is the definition of a consumer CAC member?

A person serving on a CAC who is, or was within the previous six months, a recipient of medical assistance (on the Oregon Health Plan) and is at least 16 years of age; OR a parent, guardian, or primary caregiver of an individual who is, or was within the previous six months, a recipient of medical assistance⁷.

9. Does a CAC need to have consumer representation from each county in its service area?

No.

10. Is there an age limit for considering children as consumer OHP CAC members? For example, if a parent/guardian has a 30-year old child on OHP, could the parent/guardian be considered a consumer CAC member?

The parent/guardian of the child on OHP would count as a consumer regardless of the child's age. At this point, age has not been a part of the consumer definition for the parent/guardian. As defined on page one of this document, a Consumer Representative is a person serving on a CAC who is, or was within the previous six months, a recipient of medical assistance and is at least 16 years of age; OR a parent, guardian, or primary caregiver of an individual who is, or was within the previous six months, a recipient of medical assistance.

11. How long do CCOs have to fill an empty CAC seat?

CCOs have 120 days to fill empty CAC seats that are required to be filled⁸. If the CAC cannot be filled during this timeframe, a one-month extension can be requested by emailing CCO.MCOTDeliverableReports@odhsoha.oregon.gov with a Cc to transformation.center@dhsosha.state.or.us. The extension request is subject to OHA approval. OHA may ask for information about the CCO's efforts to fill the vacant seat. Note: If a consumer CAC member resigns, and the percentage of consumer members on the CAC remains above 51%, CCOs are not required to fill this seat.

⁵ CCO Contract Exhibit K, 2.a.(2)

⁶ OAR 410-141-3500

⁷ ORS 414.572

⁸ CCO Contract Exhibit K, 2.b.

12. Do tribal CAC members need to be included in the total count of CAC members?

Yes.

13. How do I determine which local tribes my CCO should reach out to about tribal CAC membership?

Please refer to [this document](#) which is a crosswalk of tribal-CCO service areas.

14. Who should I reach out to at local tribes?

Please refer to this [list of Tribal Advisory Council \(TAC\) members](#), which includes primary CCOs that each tribe would like to work with at this time.

15. Who do I contact at OHA with questions about or for help with tribal CAC recruitment?

Please contact Michael Stickler, Tribal Affairs Health Policy Analyst, at michael.d.stickler@dhsoha.state.or.us. Contact him as early as possible with questions or for help.

16. Is the CAC Selection Committee responsible for selecting the two CAC members (one who must be a consumer) to the CCO's governing board?

No, it is up to the CCO to determine how these two CAC members will be selected⁹.

17. What are CCOs expected to do if a CAC member requests a leave of absence? Are CCOs required to fill this seat within the required 120-day timeframe?

OHA understands there are a variety of reasons a CAC member may need to take a leave of absence, including the COVID-19 pandemic. Recognizing a leave of absence is temporary and not a resignation from the seat, there would not be an expectation to remove and replace someone from a seat during a temporary leave of absence. This individual would continue to count as a CAC member (towards meeting overall CAC membership requirements) during their leave of absence, even though they would be unable to attend CAC meetings.

CAC Meetings

1. How often do CACs need to meet?

No less than once every three months¹.

2. If the regularly scheduled CAC meetings are not open to the public and do not provide an opportunity for members of the public to provide written and oral comments, the CCO is required to hold semiannual meetings that provide written reports on the activities of the CCO¹. What are some examples of written reports?

Examples of reports include the Community Health Improvement Plan (CHP), Health Equity Plan, and the Transformation & Quality Strategy (TQS) Report.

3. Are CCOs required to post CAC meeting minutes on their website?

Per ORS 414.575, "The council shall post a report of its meetings and discussions to the website of the coordinated care organization and other websites appropriate to keeping the community informed of the council's activities. The council, the governing body of the coordinated care organization or a designee of the council or governing body has discretion as to whether public comments received at meetings that are open to the public will be included in the reports posted to the website and, if so, which comments are appropriate for posting." It is also up to the CCO to determine how long CAC meeting "reports" should be posted on its website.

⁹ OAR 410-141-3715

Other CAC Questions

1. What is the OHA process for reviewing CCO materials that are developed for OHP members (including OHP consumer CAC members)?

The following are materials that must be reviewed by OHA prior to sharing with OHP members: Letters, postcards, handbooks, guides, advertisements and other OHP member-specific documents. Materials are reviewed for compliance by the Quality Assurance team in the Health Systems Division. Materials must comply with Federal regulations, Oregon Administrative Rules and CCO contracts.

Each CCO designates a few staff to coordinate material reviews via a SharePoint team site. Review timeframes:

- Regular submissions reviewed in up to 45 days
- Expedited submissions reviewed in up to 15 days

Questions? Contact Tiffany Reagan (tiffany.t.reagan@dhsoha.state.or.us).

2. Where do I find a list of all the CAC-related CCO contract deliverables and the associated due dates?

Link: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/CAC%20Contract%20Deliverables.pdf>