

This document addresses frequently asked questions (FAQs) about the CCO 2.0 CAC requirements. This FAQ will be updated as additional questions are addressed. Additional questions can be emailed to thomas.cogswell@dhs.state.or.us.

Annual CAC Demographic Report

1. Will the OHA Transformation Center be providing guidance to CCOs on completing the Annual CAC Demographic Report?

Yes, the Transformation Center has developed a [template](#) for CCOs to use to complete the annual CAC demographic report, which is due to OHA on June 30, 2021.

2. How will CCOs be evaluated on their demographic report submissions?

Please see this [document](#) for additional information.

CAC Membership & Selection

1. Can CAC coordinators participate on the CAC Selection Committee?

CAC coordinators can participate in the CAC Selection Committee if they are local 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.

2. If the CAC Selection Committee is unable to select all CAC members by September 30, 2020, can an extension be requested? If so, how?

Yes, CCOs can email CCO.MCOTDeliverableReports@dhsaha.state.or.us with a Cc to transformation.center@dhsaha.state.or.us to request an extension. This applies to all CAC member seats, including tribal representation.

3. What seats must be filled on a CAC?

1. Consumer representatives: Consumers must represent a majority of members on each CAC.
2. Representatives of each county government: Representatives must be employees of the county.
3. The CAC should also be representative of the diversity of populations within the CCO's service area, with specific emphasis on individuals who are representative of populations that experience health disparities.
4. Tribal CAC representative(s): In addition, 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 tribe shall appoint one tribal representative to serve on the CAC;

(b) In CCO service areas where multiple federally recognized tribes exist, each tribe shall appoint a tribal representative to serve on the CAC to ensure full representation of all tribes within the service area;

o (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 CAC.

▪ Note: A tribe may determine that it would not like to identify a tribal member to serve on a CCO's CAC.

4. 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 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.

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

No.

6. 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.

7. Some consumer CAC members fall on and off of OHP (often referred to as "churn"). When are these members no longer considered consumers?

If a CAC member (or the person for whom the parent, guardian, or primary caregiver serves as a proxy, ceases to be a member), has not been on the OHP for more than a month, they may continue to serve as a consumer CAC representative for six months after they cease to be a member. After the six-month period has expired, the former member or the former member's proxy may continue to sit on the CAC but not as a consumer representative.

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

Yes.

9. 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.

10. 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.

11. 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.

12. Do CAC members who are county representatives (i.e., county employees) need to be voting members?

Yes. All CAC members are expected to be voting members.

13. If an empty CAC seat cannot be filled within 90 days, can an extension be requested? If so, how?

Yes. A one-month extension can be requested by emailing CCO.MCOTDeliverableReports@dhsoha.state.or.us with a Cc to transformation.center@dhsoha.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.

14. 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 selected.

15. By what date do the two CAC members need to be selected in order to serve on the CCO's governing board?

The deadline for selecting CAC members to serve on the CCO's governing board was extended to June 30, 2020. This includes both the Consumer Representative and the second CAC representative.

16. Do CCOs need to submit the names of their CAC governing board members to OHA?

Yes. Please refer to the [Annual CAC Demographic Report Template](#) for additional information.

CAC Meetings

1. By what date do CCOs need to convene their first CAC meeting?

The deadline for holding the first regular CAC meeting was extended from June 30, 2020, to September 30, 2020.

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 CCO. What are some examples of written reports?

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

Duties of the CAC

1. 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 (HRS) community benefit initiatives? (CBI)

The CCO may determine the CAC's role for HRS CBI investments and that should be clearly defined within the CCO's HRS policy and procedure. The role must address how the CAC supports CCO decisions in determining HRS CBI investments (both what is funded and how much funding). For additional information on HRS, please visit the Transformation Center's [Health-related Services webpage](#).

2. Are there specific parameters that CCOs should use when developing a role for the CAC when it comes to CCO Supporting Health for All Through REinvestment (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.

Note: By April 30, 2021 CCOs are required to report their SHARE designation to OHA in their "Exhibit L" annual report. By June 30, 2021 CCOs are then required to submit their SHARE Initiative Spending Plan to OHA. This plan must meet all the requirements for SHARE spending, including a description of the designated role for your CAC with regard to decision-making on SDOH-E spending under the SHARE Initiative. For additional information, [click here](#) to access the OHA SHARE webpage.

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

At least every five years.

4. When are CCO Community Health Assessments (CHAs) due to OHA?

For previously existing CCOs, CHAs were due to OHA by 6/30/20 if they were not previously submitted with their most recent CHP submission. For most CCOs, the most recent CHP submission was June 2019. All new CCOs as of 2020 must submit their first CHA by 6/30/2021. OHA requests also requests that CCOs submit their new CHA alongside with their new CHP.

5. When are CCO Community Health Improvement Plans (CHPs) due to OHA?

All CCOs must submit a new CHP at least every five years. If a previously existing CCO submitted its most recent CHP in June 2017, its next CHP is due by 6/30/2022. If a previously existing CCO submitted its most recent CHP in June 2019, its next CHP is due by 6/30/2024. All new CCOs as of 2020 must submit their first CHP by 6/30/2021.

6. When are CCO CHP Progress Reports due to OHA?

The CHP Progress Report deliverable was waived for 2020, so the next CHP progress report would be due on 6/30/21.