

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

This document addresses FAQs about requirements for CACs detailed in the CCO Contract, Oregon Administrative Rules (OARs) and the Oregon Revised Statute (ORS). Please contact thomas.cogswell@dhsosha.state.or.us or transformation.center@dhsosha.state.or.us with any questions about this document.

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 area¹.

2. When is the report due each year?

The report is due on June 30 each year² to CCO.MCOCDeliverableReports@dhsosha.state.or.us.

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

Yes, the Transformation Center developed a [template](#) for CCOs to use to complete the annual report. Note that this template will be reviewed and updated annually and will be posted on the CCO contract form's webpage. Please also see this [report FAQ](#) and [optional worksheet](#) that CCOs can use to assess the demographics of their CAC, as compared to the demographics of the CCO's community.

4. How were CCOs evaluated on their June 30, 2021 CAC Demographic Report submissions?

Please refer to [this document](#), which lists report evaluation criteria.

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 414.625³⁴.

2. What are the primary duties of a CAC?

- Identifying and advocating for preventive care practices to be utilized by the CCO⁴
- Overseeing the CCO's development and draft of a Community Health Assessment (CHA)⁴⁵⁶
- Adopting a Community Health Improvement Plan (CHP)⁷, which shall be based on the CHA⁴⁵
- Have a role in reviewing CCO spending on the social determinants of health & equity, including Health-related Services (HRS) Community Benefit Initiatives (CBI)⁸ and the Supporting Health for All Through Reinvestment (SHARE) Initiative as defined in OAR 410-141-3845⁸⁹

3. 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 HRS CBI?

¹ CCO Contract: Exhibit K, Section 5, a.

² CCO Contract: Exhibit K, Section 5, c.

³ Oregon Administrative Rules 410-141-3500

⁴ Oregon Revised Statute 414.575

⁵ Oregon Administrative Rules 410-141-3730

⁶ CCO Contract: Exhibit K, Section 6, g.

⁷ CCO Contract: Exhibit K, Section 7, a.

⁸ Oregon Administrative Rules 410-141-3735

⁹ CCO Contract: Exhibit K, Section 8, b., (1) c.

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

4. 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](#).

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

At least every five years⁵.

CAC Membership & Selection

1. How many CACs is a CCO required to establish?

One⁴.

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 area¹⁰.

3. Can CAC coordinators participate in 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.

4. What seats must be filled on a CAC?

- Consumer representatives: Consumers must represent a majority (at least 51%) of members on each CAC¹⁰.
- Representatives of each county government¹⁰
- 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 disparities¹⁰
- 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; (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 CAC³.
 - Note: A tribe may determine that it would not like to identify a tribal member to serve on a CCO's CAC

¹⁰ CCO Contract: Exhibit K, Section 2, a.

5. 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 assistance¹¹.

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

No.

7. 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.

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

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 representative¹².

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

CCOs have 90 days to fill an empty CAC seat. If the CAC cannot be filled during this timeframe, a one-month extension can be requested by emailing CCO.MCOCODeliverableReports@dhsosha.state.or.us 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 seat¹³. Note: CCOs are only required to fill open consumer CAC member seats when the total percentage of consumer CAC members falls below 51%.

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

Yes.

11. 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.

12. 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.

13. 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@dhsosha.state.or.us. Contact him as early as possible with questions or for help.

¹¹ Oregon Administrative Rules 410-141-3715

¹² CCO Contract: Exhibit K, Section 2, f.

¹³ CCO Contract: Exhibit K, Section 2, g.

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 selected¹¹.

CAC Meetings

1. How often do CACs need to meet?

No less than once every three months¹⁴.

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 CCO¹⁵. 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.

¹⁴ CCO Contract: Exhibit K, Section 3, c.

¹⁵ CCO Contract: Exhibit K, Section 3, a.