

## Community Advisory Councils (CACs): Frequently Asked Questions (FAQs)

This document covers frequently asked questions about CAC requirements that are detailed in the CCO Contract, Oregon Administrative Rules (OARs) and/or Oregon Revised Statute (ORS). Please contact [thomas.cogswell@oha.oregon.gov](mailto:thomas.cogswell@oha.oregon.gov) or [transformation.center@odhsoha.oregon.gov](mailto:transformation.center@odhsoha.oregon.gov) with any questions.

### CAC Demographic Report

#### 1. When is the CAC Demographic Report due each year?

The report is due by June 30 each year<sup>1</sup>. CCOs should submit this deliverable through the CCO portal located at: <https://oha-cco-uat.powerappsportals.us>

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

Yes, the Transformation Center posts report guidance on the [CAC support webpage](#) by March each year.

#### 3. Where can I find prior CAC Demographic Report submissions?

Final reports are available on the [Transformation Center's CAC support webpage](#) (scroll down the CAC Demographic Report's table).

### CAC Duties

#### 1. What is a CAC?

A Community Advisory Council is a CCO-convened council that meets regularly to ensure the CCO is addressing the health care needs of consumers and the community<sup>2</sup>.

#### 2. What are the primary duties of a CAC?

- Identifying and advocating for preventive care practices to be utilized by the CCO<sup>2</sup>
- Overseeing a Community Health Assessment and adopting a Community Health Improvement Plan, in accordance with ORS 414.577<sup>2</sup>
- Annually publishing a report on the progress of the community health improvement plan<sup>2</sup>
- Have a role in:
  - Health-related Services (HRS) community benefit initiative spending decisions<sup>3</sup>; and
  - Supporting Health for All Through Reinvestment (SHARE) Initiative spending decisions<sup>4</sup>

#### 3. What are ways CCOs can assist the CAC in promoting preventive care practices?

The following examples were shared from CCOs and CACs:

- The CCO hosts a listening session to give the CAC space to share experiences and observations as consumers within the CCO's plan.
- The CCO hosts a joint CAC and Clinical Advisory Panel meeting to discuss relevant CCO Quality Incentive Metrics.
- The CCO creates a prevention-focused subcommittee of the CAC.
- CAC members are given the opportunity to participate in Community Health Improvement Plan work groups or committees where they can promote preventive care practices.

<sup>1</sup> CCO Contract: Exhibit K, 5.d

<sup>2</sup> ORS 414.575

<sup>3</sup> OAR 410-141-3845

<sup>4</sup> OAR 410-141-3735

**4. Is it the responsibility of the CAC to publish the report on the “progress of the community health improvement plan”? And are CCOs required to get approval from their CAC(s) before submitting a CHP Progress Report?**

It is the responsibility of the CCO to publish and submit the CHP Progress Report to OHA. In doing so, the CCO should seek approval of the report from their CAC(s).

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

**CACs may:**

The following examples were shared by CACs and CCOs:

- Provide feedback to the CCO and CHA partners in developing CHA assessments.
- Advise the CCO and CHA partners on community engagement strategies.
- Participate in the CHA data collection process.
- Review health assessment data and makes recommendations to the CCO and CHA partners about CHP prioritization.
- Participate in a CHA development work group.
- Review drafts of the CHA and provide feedback to the CCO and its CHA partners.

**6. Are there specific guidelines that CCOs should use when developing a CAC role for Health-Related Services community benefit initiative (CBI) spending decisions?**

The CCO determines the CAC’s role for these investments, and that should be clearly defined within the CCO’s HRS policy and procedure. Many CCOs have involved their CAC(s) in the development of CBI funding opportunities. For example, CACs have been involved in developing a scoring rubric, defining the project award limit and project priority areas, reviewing applications for funding, and selecting projects to fund.

**7. Are there specific guidelines that CCOs should use when developing a CAC role for CCO SHARE Initiative spending decisions?**

The CCO defines the CAC role related to CCO SHARE-related spending decisions. 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 makes recommendations to the CCO on what types of organizations to fund.
- The CAC develops a rubric to use in scoring SHARE Initiative proposals.
- 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.

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

Decisions must be made by the main CAC. Decisions cannot be delegated to CAC subcommittees. 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?**

One<sup>2</sup>.

## **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 2) individuals who are representatives of each county within the CCO's service area<sup>2</sup>.

## **3. What is the alternative if a county in the CCO's service area does not have 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<sup>5</sup>. 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?**

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 CAC<sup>2</sup>.
- Representatives of each county government in the CCO's service area<sup>2</sup>
- 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 disparities<sup>6</sup>
- 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 CAC<sup>7</sup>.

## **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.

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<sup>5</sup> Per ORS 414.575

<sup>1</sup> ORS 414.575

<sup>6</sup> CCO Contract Exhibit K, 2.a.(2)

<sup>7</sup> OAR 410-141-3500

**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 assistance<sup>8</sup>.

**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. Age is not 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<sup>9</sup>. If the seat cannot be filled during this timeframe, a one-month extension can be requested by [emailing OHA](#). The request is subject to approval. OHA may ask for information about the CCO's efforts to fill the 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.

**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 about tribal CAC member recruitment?**

Please reach out to your CCO's tribal liaison and [Michael Stickler](#) (OHA Tribal Affairs Policy Analyst) for any questions about engaging tribes.

**15. 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<sup>10</sup>.

**16. 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. 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.

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<sup>8</sup> ORS 414.572

<sup>1</sup> ORS 414.575

<sup>9</sup> CCO Contract Exhibit K, 2.b.

<sup>10</sup> OAR 410-141-3715

## CAC Meetings

### 1. How often do CACs need to meet?

No less than once every three months<sup>2</sup>.

### 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<sup>2</sup>. What are examples of written reports?

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

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

Yes, 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.

## Other CAC questions

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

Please refer to this [FAQ, “Submitting CAC materials for Medicaid compliance review.”](#)

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

On the [Transformation Center’s CAC support’s webpage](#). The document is titled, “Guide to CAC-related CCO contract deliverables

