

POLICY AND PROCEDURE	
Title: Community Advisory Committee and Enrollee Advisory Committee	
Primary policy owner: Health Education	Policy #: HE05
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health & Social Services (BH/SS) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Case Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input checked="" type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input checked="" type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input type="checkbox"/> Utilization Management (UM) 20) <input type="checkbox"/> Procurement (PRM) 21) <input type="checkbox"/> Administration (SAF/BC/EM) 22) <input type="checkbox"/> Medical Management (MM)
Product Type: <input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> D-SNP	Supersedes Policy Number:

I. PURPOSE

To empower Members to become active participants in their care, through processes and channels for engagement for Members, families, and the community by way of Health Plan of San Joaquin and Mountain Valley Health Plan (“Health Plan”)’s Community Advisor Committee (CAC). This policy also applies to the Medicare D-SNP Enrollee Advisory Committee (EAC) as required under 42 CFR § 422.107(f). The EAC is

integrated into the CAC structure to ensure dual-eligible members are represented and engaged in plan governance.

II. POLICY

- A. Health Plan coordinates and maintains a diverse CAC/EAC comprised primarily of Health Plan 's Members, as part of Health Plan's implementation and maintenance of Member and community engagement with stakeholders, community advocates, traditional and Safety-Net Providers, and Members. The CAC/EAC shall include Medicare D-SNP enrollees or their caregivers to ensure representation of dual-eligible members in plan oversight and decision-making.
- B. The committee participates in making recommendations and providing consumer insights to policy decisions related to Quality Improvement, health education, health equity, and operational and cultural competency issues affecting groups who speak a primary language other than English.

III. PROCEDURE

- A. Implementation of CAC/EAC through membership, representation, and maintenance of committee. In consultation with the Chief Health Equity Officer, Health Plan convenes a selection committee tasked with selecting the members of the CAC/EAC and providing the recommendations to the Plan.
 - 1. CAC/EAC Selection Committee:
 - a. Health Plan makes a good faith effort to ensure that the CAC/EAC selection committee is comprised of a representative sample of each of the persons below to bring different perspectives, ideas, and views to the CAC/EAC:
 - b. Health Plan's Governing Board/Health Commission should represent the following areas:
 - i. Safety Net Providers including FQHCs, behavioral health, regional centers, local education authorities, dental Providers, IHS Facilities, and home and community-based service Providers; and

- ii. Community-based organizations who are representatives of each county within Health Plan's Service Area adjusting for changes in membership diversity.
- c. The CAC/EAC Selection Committee ensures the CAC/EAC membership reflects the general Medi-Cal member and Medicare D-SNP enrollee population in Health Plan's Service Area, including representatives from IHS Providers, and adolescents and/or parents and/or caregivers of children, including foster youth, as appropriate and be modified as the population changes to ensure that Health Plan's community is represented and engaged.
- d. The CAC/EAC selection committee must make good faith efforts to include representatives from the following:
 - i. Persons who sit on Health Plan's Governing Board as applicable and/or Health Plan's Executive Committee which represent the Medi-Cal line of Business
 - ii. Providers who represent Safety Net Providers including Federally Qualified Health Centers/Rural Health Centers,
 - iii. Indian Health Care Providers (IHCP), as applicable;
 - iv. Behavioral Health Providers;
 - v. Person(s) who represent Regional Centers;
 - vi. Local Education Agencies;
 - vii. Dental Providers;
 - viii. Community Based Organizations
 - ix. Home and Community Based Service Providers; and
 - x. Persons who are representatives of each county within the Health Plan's Service Area, adjusting for changes in membership diversity. The Plan places a specific emphasis on persons who are representative of or serving populations that experience Health Disparities such as individuals with diverse racial and ethnic backgrounds, genders, gender identity, and sexual orientation and physical disabilities.
- e. Should a CAC/EAC member resign, is asked to resign, or is otherwise unable to serve on the CAC/EAC, Health Plan makes its best effort to promptly replace the vacant seat within 60 calendar days of the CAC/EAC vacancy.

2. Membership:
 - a. Health Plan makes an effort to include membership from hard-to-reach populations, (e.g., members with physical disabilities). This includes Medicare D-SNP enrollees or their caregivers to ensure representation of dual-eligible members.
 - b. Health Plan modifies the CAC/EAC membership as the beneficiary population changes.
 - c. San Joaquin County Health Commission is advised any time a new Health Plan member is added or removed from the committee.
 - d. Health Plan supports members in their participation of CAC/EAC by providing transportation, translation and interpretation services, arranging childcare as necessary, offering stipends & meals, and inquiring annually about the best meeting times, dates, and topics that may interest members.
 - e. Health Plan ensures that Medi-Cal members and Medicare D-SNP enrollees, including Seniors and Persons with Disabilities (SPD), persons with chronic conditions (such as asthma, diabetes, congestive heart failure), Limited English Proficient (LEP) Members, and Members from diverse cultural and ethnic backgrounds or their representatives are included and invited to participate in establishing public policy within Health Plan's Community Advisory Committee/Enrollee Advisory Committee.
 - f. Membership also includes stakeholders, community advocates, traditional and Safety-Net Providers.
 - g. New CAC/EAC members shall receive orientation and ongoing training on Medicare D-SNP benefits, member rights, and the role of the advisory committee in plan governance.
3. Representation:
 - a. Health Plan makes a good faith effort to include community advocate groups, safety-net providers, and traditional providers that represent hard-to-reach populations, such as, but not limited to, Health Plan members with physical disabilities. Health Plan ensures a diversity of membership on the CAC/EAC that is reflective of respective services area(s) and includes adolescents and/or parents/caregivers of Members under 21 years of age.

- b. Medicare D-SNP enrollees or their caregivers to ensure representation of dual-eligible members will also be included. Health Plan staff representation may include departments such as, but limited to: Administration, Claims, Compliance, Customer Service, Community Marketplace and Member Engagement, Medical Management, Outreach and Enrollment, Provider Contracting, and Provider Services.
 - c. San Joaquin County Health Commission appoints a commissioner to serve as the CAC/EAC delegate and given voting privileges.
 - d. CAC/EAC meeting minutes and details are reported to Health Plan Commission and communicated to Health Plan leadership.
 - e. Health Plan ensures that one Member of the CAC /EAC participates in the DHCS Statewide Consumer Advisory Committee and supports Member's attendance and participation in that Committee. Health Plan appoints one member of the CAC/EAC, selected by the CAC/EAC to serve as Health Plan's representative to DHCS' Statewide Consumer Advisory Committee.
 - f. Health Plan is responsible for compensating the CAC /EAC member representative for their time and participation on DHCS' Statewide Consumer Advisory Committee, including transportation expenses to appear in person.
4. CAC/EAC Coordinator:
- a. Health Plan designates a CAC/EAC coordinator and maintains a written job description detailing the CAC coordinator's responsibilities, which includes responsibility for managing the operations of the CAC/EAC in compliance with all statutory, rule, and contract requirements, including, but not limited to:
 - i. Ensuring committee meetings are scheduled and committee agendas are developed with the input of CAC/EAC members.
 - ii. Maintaining committee membership, including outreach, recruitment, and onboarding of new members, is adequate to carry out the duties of the CAC/EAC.
 - iii. Actively facilitating communications and connections between the CAC/EAC and Health Plan leadership, including

ensuring CAC /EAC members are informed of Health Plan's decisions and how their unput has been incorporated into decisions relevant to the work of the CAC/EAC.

- iv. Ensuring that CAC/EAC meetings, including necessary facilities, materials, and other components, are accessible to all participants and that appropriate accommodation is provided to allow all attending the meeting, including, but not limited to, accessibility for individuals with a disability or LEP Members to effectively communicate and participate in CAC/EAC meetings;
- v. Ensuring compliance with all CAC/EAC reporting and public posting requirements; and
- vi. CAC /EAC coordinator must not be a member of the CAC/EAC, or a member enrolled with Health Plan.

5. Maintenance:

- a. Health Plan provides all duties pertaining to the CAC/EAC as noted in the DHCS Contract, including sufficient resources for the CAC to support the required CAC/EAC activities throughout this policy, including supporting the CAC/EAC in engagement strategies such as consumer listening sessions, focus groups, and/or surveys.
- b. Health Plan determines the total number of established CAC's/EAC's reasonably necessary to ensure fulfillment of CAC/EAC requirements to ensure meaningful engagement with the service area.
- c. The CAC/EAC meets bi-monthly, but no less than quarterly. If determined necessary, the CAC /EAC acts as a review committee to meet field-testing requirements of health education material as outlined in DHCS APL 18-016, which may result in additional ad hoc meetings.
- d. Health Plan makes the regularly scheduled CAC/EAC meetings open to the public, posting meeting information publicly on Health Plan's website in a centralized location 30 calendar days prior to the meeting, and in no event later than 72 hours prior to the meeting.

- e. Health Plan provides a location for CAC/EAC meetings and all necessary tools and materials to run meetings, including, but not limited to, making the meetings accessible to all participants, and providing accommodation to allow all individuals to attend and participate in the meetings.
 - f. CAC/EAC drafts written minutes of each of its meetings and the associated discussions. All minutes must be posted on Health Plan's website and submitted to DHCS no later than 45 calendar days after each meeting. Meeting minutes are retained for no less than 10 years and provided to DHCS, upon request.
 - g. Each CAC/EAC member that is currently enrolled in Health Plan is eligible for a stipend to defray any cost they may incur for their attendance at CAC/EAC meetings. A parent or guardian acting on behalf of their Health Plan enrolled child or children are eligible to receive a family stipend.
 - h. Barriers to participation, such as childcare, transportation, evening meetings, convenient locations, etc. are addressed by the Health Education Manager and Cultural & Linguistics Manager.
 - i. Health Plan provides onboarding materials for CAC/EAC members and provide resources as needed.
 - j. Health Plan conducts an annual evaluation of the CAC/EAC's effectiveness, including member satisfaction, participation rates, and impact on plan policies. Results is shared with DHCS and CMS upon request.
6. CAC/EAC Member Duties:
- a. The CAC/EAC must perform all duties which noted in the DHCS contract and Medicare EAC requirements including:
 - i. providing input, advice, and making recommendations to The Plan to address Quality of Care, Health Equity, Health Disparities, Population Health Management (PHM), children services, Community Reinvestment Plans, and Community Health Assessments (CHA)/Community Health Improvement Plans (CHIP)
 - A. For Community Reinvestment Plans CAC will review and validate the plan prior to DHCS submission to

ensure investments are adequately targeted towards the needs of the community.

- ii. Involvement in developing and updating CLAS policy and procedure decisions including those related to Quality Improvement, education, and operational and cultural competency issues affecting groups who speak a primary language other than English
 - iii. Advising on necessary Member or Provider targeted services, programs, and trainings
 - iv. Making recommendations to The Plan regarding the cultural appropriateness of communications, partnerships, and services
 - v. Identifying and advocating for Preventive Care practices to be utilized by The Plan.
- b. CAC/EAC members have the opportunity to provide input on:
- i. Culturally appropriate service or program design.
 - ii. Priorities for health education and outreach program
 - iii. Culturally appropriate services or program design;
 - iv. Priorities for health education and outreach programs;
 - v. Member satisfaction survey results;
 - vi. Plan marketing materials and campaigns;
 - vii. Communication of needs for Network development and assessment;
 - viii. Community resources and information;
 - ix. PHM
 - x. Quality;
 - xi. Carved Out Services;
 - xii. Outreach and education plan for members regarding covered Non-Specialty Mental Health Services (NSMHS), as outlined in APL 24-012;
 - xiii. Quality Improvement and Health Equity activities and the Population Needs Assessment;
 - xiv. Reforms to improve health outcomes, accessibility of services, and coordination of care for Members; and
 - xv. Inform the development of the Health Plan's Provider Manual.

- xvi. Engage in continued diversity, equity, and inclusion program recommendations and feedback.
7. Ongoing Community Engagement:
 - a. Health Plan routinely engages with members and families through focus groups, listening sessions, surveys and or interviews and incorporation results into policies and decision-making when appropriate.
 - b. Health Plan maintains the process for incorporating member and family input into policies and decision-making.
 - c. Health Plan monitors and measures the impact of the above
 - d. Health Plan maintains processes to share with members and families how their input impacts Health Plan policies and decision-making.
 - e. Health Plan reports on ongoing involvement with the Local health Jurisdictions on CHA/CHIP activities and progress. Report will include how findings influence Health Plan strategies and workstream.
 8. CAC/EAC Annual Demographic Report:
 - a. To ensure Health Plan's CAC/EAC membership is representative of the Communities in Health Plan's Service Area, Health Plan completes and submits to DHCS annually an Annual CAC/EAC Member Demographic Report by April 1 of each year. The Annual CAC/EAC Member Demographic Report demonstrates consideration of CAC/EAC input by including descriptions of all the following:
 - i. The demographic composition of CAC/EAC membership.
 - ii. How Health Plan defines the demographics and diversity of its Members and Potential Members within Health Plan's Service Area.
 - iii. The data sources relied upon by Health Plan to validate that its CAC/EAC membership aligns with Health Plan's Member demographics.
 - iv. Barriers to and challenges in meeting or increasing alignment between CAC/EAC's membership with the demographics of the Members within Health Plan's Service Area.
 - v. Ongoing, updated, and new efforts and strategies undertaken in CAC/EAC membership recruitment to address the barriers

and challenges to achieving alignment between CAC/EAC membership with the demographics of the Members within Health Plan's Service Area; and

- vi. A description of the CAC/EAC's ongoing role and impact in decision-making about Health Equity, health-related initiatives, cultural and linguistic services, resource allocation, and other community-based initiatives, including examples of how CAC/EAC input was incorporated into and shaped Health Plan initiatives and/or policies.

9. Health Equity:

- a. Health Equity is prioritized and addressed at CAC/EAC meetings among members and promote Health Equity where possible.
- b. CAC/EAC members have an opportunity to provide feedback on Health Plan policies and procedures related to health equity as well as any activities focused on quality, health equity, disparities, population health, children services, and other ongoing plan functions.

IV. ATTACHMENT(S)

- A. *Desk- Level Procedure (DLP) or Department Job Aide*
- B. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- C. [Glossary of Terms Link](#)
- D. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

- A. 22 CCR Section 53876(c)
- B. Civil Rights Act of 1964: Title VI
- C. DHCS APL 18-016 Readability and Suitability of Written Health Education Materials
- D. Exhibit A, Attachment III, Subsection 5.2.11.E (Community Advisory Committee)
- E. DHCS APL 24-012 Non-Specialty Mental Health Services: Member Outreach Education, and Experience Requirements

- F. DHCS APL 25-009 Community Advisory Committee
- G. Code of Federal Regulations 42 CFR § 422.107(f) – Requirements for Dual Eligible Special Needs Plans (D-SNPs) Enrollee Advisory Committees
- H. State Medicaid Agency Contract (SMAC)
- I. Health Plan Contract with Centers for Medicare & Medicaid Services (CMS)

VI. REVISION HISTORY

*Version 001 as of 01/01/2023

Version*	Revision Summary	Date
000	05/04, 08/05, 05/09, 03/15, 06/15, 06/16, 06/18, 08/20, 12/21, 03/23, 05/23, 07/23	N/A
001	Moved HE05 to new template	10/09/2023
002	Addition to CAC duties	08/19/2024
003	Updated to comply with DHCS APL 25-009 Updates to meet CMS requirements around Enrollee Advisory Committee, updated policy for D-SNP	11/06/2025
Initial Effective Date: 01/01/1999		
Published Date:12/23/2025		

VII. Committee Review and Approval To Be Completed by Compliance

Committee Name	Version	Date
Compliance Committee	003	12/18/2025
<ul style="list-style-type: none"> • Privacy & Security Oversight Committee 		
<ul style="list-style-type: none"> • Program Integrity Committee 		
<ul style="list-style-type: none"> • Audits & Oversight Committee 		
<ul style="list-style-type: none"> • Policy Review Committee 	002	11/27/2024

Quality Improvement Health Equity Committee (QIHEC)	003	11/19/2025
<ul style="list-style-type: none"> Quality Operations Committee 		
<ul style="list-style-type: none"> Grievance Committee 		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare Services (DHCS)	MCOD Operational Readiness	003	10/28/2025
Department of Managed Care (DMHC)			

IX. Approval signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy