STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY GRAY DAVIS, *Governor*

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MMCD Policy Letter 99-01

TO:
[X] County Organized Health Systems Plans
[X] Geographic Managed Care Plans
[X] Prepaid Health Plans
[X] Primary Care Case Management Plans
[X] Two-Plan Model Plans

SUBJECT: COMMUNITY ADVISORY COMMITTEE

PURPOSE

This policy letter provides clarification regarding the contract responsibilities of Medi-Cal managed care plans (hereafter referred to as Plans) in implementing and maintaining community linkages through the formation of a Community Advisory Committee (CAC). It applies only to Plans with this contract requirement.

POLICY

Plans with the contract requirement of implementing and maintaining a CAC must demonstrate the participation of consumers, community advocates, and traditional and safety-net providers in the CAC. The Plan must establish the CAC as one of the essential methodologies for gathering cultural and linguistic information from its stakeholders and the community that it serves. The Plan must ensure the committee's responsibilities include advising on cultural competency issues, and on educational and operational issues affecting groups who speak a primary language other than English.

I. Membership

The CAC membership and representation must be reflective of the Medi-Cal population in the Plan's service area. The Plan must make a good faith effort to include representatives from hard-to-reach populations, e.g., members with physical disabilities.

The Plan must modify the CAC membership as the beneficiary population changes.

II. Function

The CAC's function is to provide information, advice, and recommendations to the Plan on educational and operational issues with respect to the administration of the Plan's cultural and linguistics services program. These advisory functions shall include, but are not limited to, providing input on the following:

1. Culturally appropriate service or program design.
2. Priorities for health education and outreach program.
3. Member satisfaction survey results.
4. Findings of health education and cultural and linguistic group needs assessment.
5. Plan marketing materials and campaigns.
6. Communication of needs for provider network development and assessment.
7. Community resources and information.

DISCUSSION

The Plan is encouraged to provide the following support for CACs:

1. Hold regular CAC meetings and provide adequate staff support for committee activities.
2. Address barriers to participation of representatives of hard-to-reach and marginalized populations (i.e., childcare, transportation, evening meetings, convenient location, etc.).
3. Provide sufficient resources, within budgetary limitations, to support CAC activities, member outreach, retention, and support.

If you have any questions regarding this policy letter, please contact your contract manager.

Susanne Hughes

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