



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Community Advisory Committee	Policy #	9.06-P
Policy Owner	Member Engagement	Original Effective Date	01/01/2024
Revision Effective Date	8/5/2025	Approval Date	11/13/2025
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

To engage Kern Health System (KHS) Health Plan Members and the community as a whole to advise and make recommendations to the Governing Board on the strategic direction of the organization, ensure that KHS remains responsive to consumer and community health needs, and advise on the design and priorities of KHS in achieving California Advancing and Innovating Medi-Cal (CalAIM) Goals:

- A. Identify and manage comprehensive needs through whole person care approaches and social drivers of health.
- B. Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform.
- C. Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.
- D. Provide a link back to community Members to aid in achieving the goals of CalAIM, with a particular focus on KHS's effectiveness in providing quality services that are accessible to all Members.

II. POLICY

- A. Kern Health Systems (KHS) has established procedures to permit subscribers and enrollees to participate in establishing the public policy of the plan. For purposes of this document, public policy means acts performed by KHS or its employees and staff to assure the comfort, dignity, and convenience of patients who rely on the plan's facilities to provide health care services to them, their families, and the public. KHS will ensure its subcontractors and network providers as well as the provision of public policy appointments to the committee will be made in accordance with state and federal laws, regulations, contractual requirements, and other Department of Healthcare Services (DHCS) guidance as well as All Plan Letters and Policy Letters including but not limited to:
 1. Knox Keene Health Care Service Plan Act of 1975
 2. Health Maintenance Act of 1973
 3. California (CA) Code of Regulations Title 28 1300.69, Division 1, Chapter 2, Article 8
 4. CA Department of Healthcare Services (DHCS) 2024 Contract Kern Health Systems 22-20201

Exhibit A Scope of Work (SOW) Section 5.2.11 D

5. APL 25-009

In order to transact the business of KHS, the Board of Directors recognizes the need to delegate certain authority to specified advisory committees. These committees will serve in the role of reviewing pertinent information and advising the Board with regard to action.

KHS ensures that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements

B. KHS has established the following advisory committees:

1. Executive Quality Improvement Health Equity Committee (EQIHEC)
2. Behavioral Health Advisory Committee (BHAC)
3. Grievance Review Committee (GRC)
4. Physician Advisory Committee (PAC)
5. Pharmacy Drug Utilization Review Committee (DUR)
6. Community Advisory Committee (CAC)
7. Governance and Compliance Committee (GCC)
8. Health Equity Transformation Steering Committee (HETSC)
9. Network Advisory Committee (NAC)
10. Population Health Management Committee (PHMC)
11. Quality Improvement Workgroup (QIC)
12. Utilization Management Committee (UMC)

C. This Policy and Procedure is intended to focus on the Community Advisory Committee.

The Community Advisory Committee (CAC) is a standing Committee within KHS and provides a mechanism for structured input from KHS Members regarding how KHS operations impact of their care. The role of the CAC is to implement and maintain community linkages.

Function – the function of the CAC are as follows:

1. Advise and make recommendations to the KHS Governing Board on KHS' strategic direction.
2. Identify and advocate for preventative care practices.
3. Endure that KHS remains responsive to Member and community health needs.
4. Advise on the necessary Member and provider targeted services, programs, and trainings.
5. Review and advise on Member materials and communication.
6. Review Population Needs Assessment (PNA) findings.
7. Provide input and feedback on KHS programming and services.

III. DEFINITIONS

TERMS	DEFINITIONS
N/A	

IV. PROCEDURES

A. SELECTION COMMITTEE

KHS will convene a subcommittee of the CAC, in consultation with the KHS Health Equity Officer, as the CAC Selection Committee. The CAC Selection Committee will include a representative sample of CAC Members that will make every effort to select CAC Members that represent Kern County's general Medi-Cal beneficiary population no later than one hundred and eighty days (180) days from the effective date of the KHS – DHCS 2024 contract. Resigned or vacated seats will be replaced no later than sixty (60) calendar days of the CAC vacancy.

B. COMMITTEE MEMBERS

In consultation with the KHS Health Equity Officer, a list of candidates for membership for each position on the CAC is developed by the CAC Selection Committee. This list of fifteen (15) Members is presented to the Board for review and approval of appointment based on the CAC Selection Committee recommendations to allow for meaningful engagement with Members in their service area. CAC membership shall include representatives from diverse and hard to-reach populations with a specific emphasis on persons who are representative of the Kern Family Health Care (KFHC) Member population including Member demography, geography, those that experience Health Disparities such as individuals with diverse racial and ethnic backgrounds, genders, gender identity, and sexual orientation and physical disabilities. Committee Members who are subscribers and/or enrollees shall be persons who are not employees of the KHS, providers of health care services, subcontractors to the plan group contract brokers, or persons financially interested in the KHS. To provide continuity and experience in representation, Members will serve a two-year term. Membership is also considered based on the changing needs of the KHS population served.

1. Provider and Community Representative Recruitment

Where possible, each provider candidate should be a credentialed contracted practitioner who has indicated an interest in serving on the committee. The list of candidates should be designed to represent the various organizational and geographic constituencies participating in the KHS network including Federally Qualified Health Centers (FQHCs), Indian Health Services (IHS) providers, behavioral health, and community-based service providers. Special consideration is given to traditional and safety net providers (SNPs) with the intention of providing them as much representation on the committee as possible. Practitioners with past experience, demonstrated expertise, or expressed interest in the subject matter of the committees are given particular consideration.

2. Eligible Member Recruitment

This portion of membership will consist of KHS/Kern Family Health Care (KFHC) enrolled Members who reflect the KFHC membership population including adolescents and/or parents and/or caregivers of children, including foster youth, as appropriate.

3. DHCS Statewide Consumer Advisory Committee Representative

KHS shall appoint one (1) Member of the KHS CAC, or another KHS Member to serve as KHS' representative to the DHCS Statewide Consumer Advisory Committee (SCAC). The CAC will make the selection or designation as is consistent with CA DHCS 2024 Contract Kern Health Systems 22-20201 Exhibit A SOW Section 5.2.11 D Community Engagement.

KHS shall support the appointed SCAC Representative's attendance and participation in the DHCS SCAC. KHS shall compensate the SCAC Representative for their time and participation on the DHCS SCAC including transportation expenses to appear in person.

C. CAC Composition

1. Structure:

The CAC is delegated by the Board of Directors to provide input in the development of public policy activities for KHS. The committee makes recommendations and reports findings to the Board of Directors.

- a. Eight (8) Kern Family Health Care Members
- b. One (1) Provider representative
- c. Two (2) Community representatives
- d. One (1) Indian Health Care Provider (IHCP) representative
- e. One (1) Department of Public Health representative
- f. One (1) Local Education Agency representative
- g. One (1) Kern Health Systems Board of Directors representative

2. Other non-voting KHS staff Members providing reports to the CAC:

- a. Chief Health Equity Officer
- b. Senior Director of Member Engagement
- c. Director of Wellness & Prevention
- d. Director of Population Health Management
- e. Director of Member Services
- f. Director of Quality Improvement

3. KHS Governing Board Composition:

The KHS Board of Directors (BOD) is comprised of major healthcare stakeholders appointed by the Kern County Board of Supervisors. The composition of the KHS BOD is as follows:

- a. One (1) Chief Executive Officer, Kern Medical (County Hospital Authority)
- b. One (1) Safety Net Care Provider
- c. Ten (10) Community Representatives
- d. Two (2) Traditional Medi-Cal Primary Care Physicians (One (1)- rural area; One (1)- urban area)
- e. One (1) Representative of a Rural Acute Care General Hospital within Kern County
- f. One (1) Pharmacist

D. COMMITTEE CHARTER

Title	KHS Community Advisory Committee
Date Chartered	01-01-2024
Timeline	This is a standing/ongoing Committee. The Charter will be reviewed annually in January by the CAC Members. Any amendments will be brought first to the KHS CAC and the KHS Board of Directors (BOD) for final approval.
Meeting Frequency	The CAC meets face-to-face at least every three (3) months, and more

	frequently as needed. When necessary, Members may participate remotely. Standing subcommittees or ad hoc work groups will meet as directed
Objective	Engage Health Plan Members and the community as a whole to advise and make recommendations to the Governing Board on the strategic direction of the organization, ensure that KHS remains responsive to consumer and community health needs, and advise on the design and priorities of KHS CAC Goals.
Purpose	Provide a link back to community Members to aid in achieving the goals of the Triple Aim, with a particular focus on KHS's effectiveness in providing quality services that are accessible to all Members.
Oversight	<p>The CAC roles and responsibilities include:</p> <ol style="list-style-type: none"> 1. Identifying and advocating for preventive care practices to be utilized by KHS. 2. Provide input and advisement on reports from KHS' involvement in and findings from Local Health Jurisdictions' Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) to influence KHS' strategies and workstreams. 3. Work to assess and then make recommendations on how best to address issues related to health disparities, including linkages between medical and non-medical services, in conjunction with KHS other Advisory Panels. 4. Develop strategies and recommendations for innovative, evidence-based initiatives. 5. Make recommendations to KHS regarding the cultural appropriateness of communications, partnerships, and services. 6. Make recommendations to address Quality of Care, Health Equity, Population Health Management (PHM), children services, and validate the Community Reinvestment Plan to ensure investments are adequately targeted toward community needs.
Operating Principles	<ol style="list-style-type: none"> 1. All Members adhere to established team agreements/ground rules. CAC meetings are open to the public. 2. The CAC will clarify its decision-making model prior to all decisions. 3. To the best extent possible and where feasible, the CAC will seek input from other KHS committees (such as the Executive Quality Improvement Health Equity Committee, Physician Advisory Committee and Population Health Management Committee) on proposals it is considering. This is to seek a broader perspective and is not intended as a requirement for approval from such committees prior to presenting to the Board. 4. Likewise, the CAC will provide input to other committees regarding the impact of proposals under consideration on consumers and the community. 5. Recommendations will be presented to the Board for final approval prior to implementation. 6. Fifty-one (51) % of CAC Members constitutes a quorum. A quorum can act. All CAC Members are voting Members.

	<p>7. The Community Advisory Council is staffed with appropriate management and analytic services representation. The CAC will charter additional subgroups as well as convene ad hoc "project teams" as needed.</p>
CAC Chairperson and Co-Chair	<p>1. The CAC will review a slate of nominees for Chair, from which it will select a Chairperson and Vice Chairperson. Both the CAC Chair and the CAC Vice Chair will hold their positions for a Two (2)-year term. They may be nominated for reappointment for one additional term. The CAC Chair will represent the CAC in all matters.</p> <p>2. The CAC Chair is accountable for:</p> <ul style="list-style-type: none"> a. Convening and leading meetings b. Developing, prioritizing, and approving meeting agendas c. Ensuring engagement of CAC Members d. Facilitating conflicts among CAC Members e. Providing leadership to CAC Members f. Ensuring regular communication to CAC Members regarding decisions made by other groups that impact this CAC. g. Working with staff to provide monthly reports and recommendations to the Governing Board on behalf of the CAC. h. Oversight and facilitate establishment of CAC sub-committees and the CAC Member who chairs them. <p>3. The CAC Co- Chair is accountable for:</p> <ul style="list-style-type: none"> a. Partnering with the CAC Chair to achieve the duties listed above. b. Covering the duties of the Chair in his/her absence.
CAC Representative to the BOD	<p>The CAC shall appoint two (2) CAC Members to represent the Council on the Governing Board of KHS. One of the representatives shall be a consumer Member of the CAC, and the other a non-consumer, community leader Member of the CAC.</p> <p>1. These representatives shall be full voting Member of the Board of Directors and are responsible for ensuring good two (2)-way communication between the CAC and the governing board regarding CAC activities and recommendations, as well as assisting the governing board in its work to communicate with the community.</p>
Member Accountability	<p>Each committee Member is responsible for fully and actively participating on the team in order to achieve the goals of the team as described in this Charter and accepting his/her responsibilities diligently and carrying his/her share of the team's work.</p> <ul style="list-style-type: none"> 1. The Members should define and advocate for innovation. 2. The Members should act as a liaison for the community and for their individual groups. 3. The Members should look for avenues to transform care. 4. The Members should have commitment to the community

Committee Effectiveness	<ol style="list-style-type: none"> 1. The CAC will submit quarterly written reports to the Board of Directors related to the Committee's work plan, progress, and recommendations. 2. Annually, the CAC will publish a report to the community regarding the Community Health Improvement Plan and progress in meeting the goals outlined in the plan.
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E. Americans With Disabilities Act (Government Code Section 54953.2)

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a committee meeting may request assistance at the Kern Health Systems office, 2900 Buck Owens Boulevard, Bakersfield, California 93308 or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible. This is posted on the KHS website.

F. CAC Member Support

KHS will ensure that CAC Members are supported in their roles on the CAC, including but not limited to providing onboarding materials and resources to educate CAC Members to ensure they are able to effectively participate in CAC meetings, providing transportation to CAC meetings, arranging childcare as necessary, and scheduling meetings at times and in formats to ensure the highest CAC Member participation possible.

1. KHS will incorporate sufficient resources for the CAC to support the required CAC activities including supporting the CAC in engagement strategies such as consumer listening sessions, focus groups, and/or surveys.

G. Community Advisory Committee Coordinator

Kern Health System will have a designated CAC coordinator assigned the responsibility of managing the operations of the CAC in compliance with all statutory rules, and DHCS contract requirements.

1. The CAC Coordinator's responsibilities include but not limited to:
 - a. Ensuring committee meetings are scheduled,
 - b. Preparing agendas that are developed with the input of CAC Members,
 - c. Maintaining committee membership, including outreach, recruitment, and onboarding of new Members, adequate to carry out the duties of the CAC,
 - d. Actively facilitating communications and connections between the CAC and KHS leadership,
 - e. Ensuring CAC Members are informed of KHS decisions relevant to the work of the CAC,
 - f. Ensuring that CAC meetings, including necessary facilities, materials, and other components, are accessible to all participants and that appropriate accommodations are provided to allow all that are attending the meeting, including, but not limited to, accessibility for individuals with a disability or Limited English Proficient (LEP) Members to effectively communicate and participate in CAC meetings,
 - g. Ensuring compliance with all CAC reporting and public posting requirements.

2. The CAC coordinator must not be a Member of the CAC Committee, or a Member enrolled with KHS. The CAC Coordinator may be an employee of KHS.
3. Please refer to the attached KHS job description Community Advisory Committee Coordinator detailing the functions and responsibilities of the CAC Coordinator.

H. Agenda

The CAC will utilize a standing agenda format. The meeting materials and meeting information will be posted on the KHS website in a centralized location thirty (30) calendar days prior to the meeting and no later than seventy-two (72) hours prior to the meeting. Key elements in the agenda will include:

1. Consent Agenda Opportunity for Public Comment
 - a. All items listed with a "CA" representing consent agenda items are considered to be routine and non-controversial by KHS systems staff. The "CA" represents the consent agenda.
 - b. Consent items will be considered first and may be approved by one Motion if no Member of the committee or audience wishes to comment or ask questions. If comment or discussion is desired by anyone, the items will be removed from the consent agenda and will be considered in listed sequence with an opportunity for any Member of the public to address the committee concerning the item before action is taken.
2. Public Presentations
 - a. This portion of the meeting is reserved for persons to address the Committee on any matter not on this agenda but under the jurisdiction of the Committee. Committee Members may respond briefly to statements made or questions posed. They may ask a question for clarification; make a referral to staff for information or request staff to report back to the Committee at a later meeting. Also, the Committee may take action to direct the staff to place a matter of business on a future agenda.
3. Committee Member Announcements
 - a. On their own initiative, Committee Members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])
4. Committee Reports
 - a. A variety of reports will be submitted to the committee from multiple KHS Departments for committee review and input.

I. Minutes

The CAC Coordinator will draft written minutes of each meeting and the associated discussions. The committee meeting minutes will reflect all activities of the CAC to include information reviewed and discussed and any actions and recommendations made by the CAC committee. The minutes will be forwarded in draft format for review by the CAC chairperson prior to posting on the KHS website.

1. Minutes will be posted within Forty-five (45) days.
2. Minutes will be submitted to the DHCS no later than Forty-five (45) days.
3. Minutes will be retained for no less than ten (10) years and provided to DHCS, upon request.

J. Committee Topics and Responsibilities

Key topics and responsibilities of the committee include:

1. Culturally appropriate services or program design;
2. Priorities for health education and outreach programs;
3. Member satisfaction survey results;
4. Plan marketing materials and campaigns;
5. Communication of needs for Network development and assessment;
6. Community resources and information;
7. Policy Health Management PHM;
8. Quality;
9. Carved Out Services;
10. Development of the covered, Non-Specialty Mental Health Services (NSMHS) outreach and education plan;
11. Input on Quality Improvement and Health Equity and the Population Needs Assessment;
12. Reforms to improve health outcomes, accessibility of services, and coordination of care for Members;
13. Inform the development of the Managed Care Plan's (MCP) Provider Manual.

K. Disseminating and Follow Through of CAC Information and Recommendations.

KHS will ensure that CAC input is considered in annual reviews and updates to relevant policies and procedures, to include those affecting quality and Health Equity. This process will be evidenced through a feedback loop reflecting to CAC Members how their input has been incorporated in policy changes and actions such as:

1. Receiving activity reports from KHS departments
2. Continued diversity, equity, and inclusion training program
3. Posting committee meeting actions on the KHS website i.e., Physician Advisory Committee – primarily responsible for approving clinical policies and procedures, and technologies.

L. Annual CAC Demographic Report

KHS will complete and submit to DHCS annually, an Annual CAC Member Demographic Report by April 1 of each year. CAC Member's input informs the report and is incorporated throughout.

The Annual CAC Member Demographic Report will include descriptions of all the following:

1. The demographic composition of CAC membership.
2. How KHS defines the demographics and diversity of its Members and Potential Members within the KHS Service Area.

3. Data sources relied upon by KHS to validate that its CAC membership aligns with KHS's Member demographics will include but is not limited to,
 - a. PNA,
 - b. The PNA Work Plan,
 - c. The PNA quarterly progress reports,
 - d. The PNA annual evaluation,
 - e. Surveys-Member and provider,
 - f. Access and availability summaries,
 - g. Clinical measure outcomes,
 - h. Grievance and Appeals data.
4. Other information will cover:
 - a. Barriers to and challenges in meeting or increasing alignment between CAC's membership with the demographics of the Members within KHS's area,
 - b. Ongoing, updated, and new efforts and strategies undertaken in CAC membership recruitment to address the barriers and challenges to achieving alignment between CAC membership with the demographics of the Members within the KHS Service Area.
 - c. A description of the CAC'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 input impacted and shaped Contractor initiatives and/or policies.

V. ATTACHMENTS

N/A	
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VI. REFERENCES

Reference Type	Specific Reference
Regulatory	Knox Keene Health Care Service Plan Act of 1975
Regulatory	Health Maintenance Act of 1973
DHCS Contract (Specify Section)	CA DHCS 2024 Contract Kern Health Systems 22 20201 Exhibit A SOW Section 5.2.11 D
Regulatory	California Code of Regulations Title 28 1300.69, Division 1, Chapter 2, Article 8
Regulatory	California Code, Government Code - GOV § 54953.2
Regulatory	US Department of Labor Americans with Disability Act.

Regulatory	Government Code Sec. 54954.2
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VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	8/2025	Policy was revised to comply with DHCS APL 25-009	Marketing and Member Engagement Department
Revised	7/2024	Policy was revised by the Marketing and Member Engagement team in response to the DMHC comment table. Revised policy was submitted with the DMHC comment table (#20242637) on 7/26/2024 – Policy was approved by DMHC on 8/5/2024.	Marketing and Member Engagement
Created	05/2023	Created for 2024 Operational Readiness (OR) Deliverable R.0195	L.I., Marketing & Member Engagement Department

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Board of Directors (BOD)	2/18/2024	2/18/2024
Quality Improvement/Utilization Management (QI/UM)		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	8/7/2025 APL 25-009	
Department of Managed Health Care (DMHC)	7/26/2024	8/5/2024
Department of Health Care Services (DHCS)	05/22/2023	06/27/2023