

**Beneficiary Advisory Council**  
**Changes Pursuant to**  
**[Ensuring Access to Medicaid Programs \(HCBS Access Rule\)](#)**

**Purpose:**

The BAC was created from a rule that the Centers for Medicare and Medicaid Services (CMS) implemented. The rule was effective on July 9, 2024. This rule also made changes to an existing committee which was called the Medical Care Advisory Committee. The rule changed the name to the Medicaid Advisory Committee (MAC).

The rule outlined requirements for the establishment and ongoing operation of a public Medicaid Advisory Committee (MAC) with a dedicated Beneficiary Advisory Council (BAC) comprised of current and former Medicaid beneficiaries, their family members, and caregivers, to advise the State Medicaid agency on matters of concern related to policy development, and matters related to the effective administration of the Medicaid program.

The Code of Federal Regulations (CFR) is the federal law that outlines requirements for all areas of the federal government including Medicaid under Title 42 Public Health. The requirements for the BAC are listed under [CFR 431.12](#).

**Most importantly this council will help improve the Medicaid program by hearing from YOU**  
**and your lived experience.**

The BAC will offer valuable insights to inform Medicaid policy and program design by creating a channel for participants to provide feedback to our state and a space for our team to ask questions, listen, and learn.

CFR requirements	Bylaws and Information
<p><b>Committee Name:</b> Change name to Medicaid Advisory Committee and add Beneficiary Advisory Council.</p>	<p>Created BAC and developed the bylaws. The bylaws were formed and adopted by the MAC on November 21, 2024. The bylaws can be changed by a vote of the members of the BAC.</p>
<p><b>Authority:</b> Director of the Medicaid Program appoints the members for the MAC and BAC.</p>	<p>Jennifer Strohecker appoints members to the BAC.</p>
<p><b>Function:</b> The MAC and BAC participants must have the opportunity to advise the director for the Medicaid program on matters related to policy development and matters related to the effective administration of the Medicaid program.</p> <p>At a minimum, the MAC and BAC must determine, in collaboration with the State, which topics to provide advice on related to—</p> <ul style="list-style-type: none"> <li>(1) Additions and changes to services;</li> <li>(2) Coordination of care;</li> <li>(3) Quality of services;</li> <li>(4) Eligibility, enrollment, and renewal processes;</li> <li>(5) Beneficiary and provider communications by State Medicaid agency and Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs</li> <li>(6) Cultural competency, language access, health equity, and disparities and biases in the Medicaid program;</li> </ul>	<p>This language is in the bylaws. The topics listed are areas which should be discussed in the BAC.</p>

<p>(7) Access to services; and</p> <p>(8) Other issues that impact the provision or outcomes of health and medical care services in the Medicaid program as determined by the MAC, BAC, or State.</p>	
<p><b>Composition:</b> The State must create a process for recruitment and selection of members and publish this information on the State's website.</p> <p>The BAC shall be composed of individuals who are currently or have been Medicaid beneficiaries and individuals with direct experience supporting Medicaid beneficiaries (family members and paid or unpaid caregivers of those enrolled in Medicaid).</p> <p>The membership of the MAC must be composed of the following percentage and representative categories of interested parties in the State:</p> <p>(1) For the period from July 9, 2024 through July 9, 2025, 10 percent of the MAC members must come from the BAC; for the period from July 10, 2025 through July 9, 2026, 20 percent of MAC members must come from the BAC; and thereafter, 25 percent of MAC members must come from the BAC.</p>	<p>The number of members for the BAC will be at least 7 but no more than 15.</p> <p>Five (5) members of the MAC need to serve on the BAC.</p>
<p><b>Term Limits:</b> Term limits can be determined by the State, but not be followed immediately by a consecutive term for the same member.</p>	<p>BAC appointments shall be 6 year terms.</p> <p>Members cannot serve for a consecutive term.</p>

<p><b>Meetings:</b> The BAC must meet at least once per quarter and hold off-cycle meetings as needed.</p> <p>BAC meetings are not required to be open to the public, unless the State's BAC members decide otherwise.</p> <p>The BAC must meet separately from the MAC, on a regular basis, and in advance of each MAC meeting to ensure BAC member preparation for each MAC meeting.</p>	<p>BAC will meet once per quarter ahead of the MAC meeting.</p> <p>BAC meetings will not be open to the public unless BAC Chair and Vice-Chair determine a public meeting is needed.</p> <p>Meeting minutes will be posted on the website. BAC members can opt to not have their name on the meeting minutes and membership list.</p> <p>BAC meetings will be held in January, May, August, and October on the second Thursday of the month from 2:00 - 3:00.</p>
<p><b>Chair and Vice-Chair:</b> The CFR does not include requirements for a Chair or Vice-Chair positions. The CFR states, "State must create a process for recruitment and selection of members and publish this information on the State's website."</p>	<p>Bylaws include the process for a Chair, Vice-Chair and member-at-large positions.</p> <p>An executive committee meeting will be held to determine the agenda for the next meeting. The Chair, Vice-Chair, member-at-large, BAC Manager, and Medicaid Director will be in attendance.</p> <p>The Chair, Vice-Chair and member-at-large will serve for 2 years.</p>
<p><b>Reimbursement:</b> Providing financial support, if necessary, to facilitate Medicaid beneficiary engagement in the MAC and the BAC.</p>	<p>Reimbursement is provided by the Department for certain expenses incurred by BAC members who are consumers of Medicaid services or their parents/caretaker relatives, such as travel and per diem, as determined by the Executive Committee and approved by DIH.</p>

**Reports and Recommendations:** The MAC, with support from the State, must submit an annual report describing its activities, topics discussed, and recommendations. The State must review the report and include responses to the recommended actions. The State agency must then—

(1) Provide MAC members with final review of the report;

(2) Ensure that the annual report of the MAC includes a section describing the activities, topics discussed, and recommendations of the BAC, as well as the State's responses to the recommendations; and

(3) Post the report to the State's website. States have 2 years from July 9, 2024 to finalize the first annual MAC report. After the report has been finalized, States will have 30 days to post the annual report.

The bylaws inform the process for majority and minority reports. Recommendations discussed in the BAC will become part of the annual report the MAC is required to submit starting in July 2026.