CENTER FOR MEDICAID & CHIP SERVICES

Medicaid Advisory Committees & Beneficiary Advisory Councils – **Implementation Considerations**

Introduction

On May 10, 2024, the Centers for Medicare & Medicaid Services (CMS) published the *Ensuring Access to Medicaid Services Final Rule*, 89 FR 40542 (hereafter called the 2024 Access Final Rule). A key provision in the 2024 Access Final Rule establishes requirements for states to operate Medicaid Advisory Committee (MACs) and Beneficiary Advisory Council (BACs). These newly required MACs build off of states' existing required Medical Care Advisory Committees (MCACs).

Many of the examples included in this toolkit are taken from strategies that states have used in existing MCAC design and operation. Since states have until July 2025 to operationalize the new MAC and BACs, these examples can be helpful to states to reflect on as they decide how to meet the new MAC and BAC requirements.

The toolkit covers the following areas:

- MAC and BAC Composition
- Effective Planning and Execution of MAC and BAC Meetings
- Promoting Transparency of Meetings

Although these requirements do not apply to separate Children's Health Insurance Programs (SCHIPs), states with SCHIPs that have advisory groups can still benefit from the information contained in this toolkit.

Background

Long-standing regulations within the Code of Federal Regulations (CFR) Title 42 § 431.12 direct states to establish MCACs to advise state Medicaid agencies on matters related to Medicaid program administration. The regulations provide guidance on the makeup of the committee, including requiring participation by providers, government, and consumer group representatives. But they did not prioritize inclusion of the beneficiary perspective when designing and running Medicaid programs. As a result, there was wide variation in how states included stakeholders on their MCACs with some states using far more robust processes for engaging their beneficiaries through family and member subcommittees. Improvements to the MCACs are key to ensuring the committees provide a meaningful chance for beneficiaries to share their experiences and challenges with accessing health care—and to help states understand and resolve those challenges.

A growing body of evidence shows the importance of including the views of beneficiaries of health and social service programs in policymaking and program operation. In a 2022 report, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) noted that including people with lived experience in the policymaking process can lead to a deeper understanding of the conditions affecting certain groups, help identify solutions, and prevent unintended consequences of policy or program changes that could harm the people the program seeks to serve.[1] Through their lived experience, Medicaid

[1] Skelton-Wilson, Syreeta, Madison Sandoval-Lund, Xiaodong Zhang, Francesca Stern, and Jessica Kendall. "Methods and Emerging Strategies to Engage People with Lived Experience." Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, January 4, 2022. https://aspe.hhs.gov/reports/lived-experience-brief.

beneficiaries can provide valuable insights into how programs are running and where changes can be made. Beneficiary engagement can also foster good relationships and establish trust between the community served and the Medicaid agency, as well as show states' commitment to accountability to beneficiaries and their families. By fostering trust and mutual respect, exposing unforeseen or unintended consequences, and responding to the lived experiences of the people impacted, community engagement can improve the efficacy of health and social service programs and policies and promote health equity.[2]

Policy changes are often made without engaging the people that will be affected or that are experiencing the challenges of existing policies and programs. Community engagement principles assert that: (1) people affected by a decision have a right to be involved in the decision making and (2) their input helps generate informed decisions.[3] Community engagement efforts can improve communication between policy makers and impacted community members and lead to more effective and efficient policies and programs.[4]

As part of CMS' recognition of the importance of meaningfully engaging Medicaid beneficiaries in Medicaid policy and decision making, the 2024 Access Final Rule updated and modernized the MCAC requirements in 42 CFR § 431.12. The changes support the implementation of the principles of bi-directional feedback, transparency, accountability, and effective member engagement.[5] Under the new requirements, states must establish and operate a updated MAC (in place of the MCAC) and a newly created BAC that will advise the state on the beneficiary experience. The new requirements also expand the scope and use of states' MACs, establish minimum requirements for Medicaid lived experience representation on the MAC, and promote transparency and accountability between the state and interested parties.

The MAC and BAC requirements are rooted in promising practices learned from states' experiences running their MCACs. To identify these promising practices, CMS gathered feedback from a subset of state Medicaid agencies and other interested parties about their MCAC design and operation. The requirements were also informed by and from other state examples of community engagement that support getting feedback and experiences from beneficiaries, their caretakers, providers, and other interested parties that can positively impact care delivered through the Medicaid program.[6]

Overview

This toolkit describes strategies for engaging Medicaid beneficiaries and others in policymaking that can be used as a starting point for states deciding how to meet the new 42 CFR § 431.12 requirements. CMS identified many of these strategies while researching and writing the proposed MAC and BAC

[2] Health Equity Solutions. "Transformational Community Engagement to Advance Health Equity." January 2023. https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2023/rwjf471107.

[3] International Association for Public Participation. "IAP2 Core Values." https://www.iap2.org/page/corevalues.

[4] Health Equity Solutions. "Transformational Community Engagement to Advance Health Equity." January 2023. https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2023/rwjf471107.

[5] CMS. "Medicaid Program; Ensuring Access to Medicaid Services, 89 FR 40542." *Federal Register*, vol. 89, no. 92, May 2024, p. 40542. https://www.federalregister.gov/d/2024-08363.

[6] Ibid.

requirements during the rule writing process. The strategies focus on promoting meaningful engagement before, during, and after MAC and BAC meetings.

This toolkit does not address all of the new MAC and BAC requirements under 42 CFR § 431.12. It focuses on implementation areas where states may have technical assistance needs. The state examples provided are not exhaustive of all states that have approached similar issues in the past. Instead, they are intended to represent different state and administrative environments.

Appendix A list the new MAC and BAC requirements in 42 CFR § 431.12. At this time, CMS is not requiring states to submit a MAC and BAC state plan amendment (SPA). States are, however, required to document their MAC and BAC activities in their annual reports. CMS may require states to submit a MAC and BAC SPA amendment in the future.

For questions or comments about this tool, including what would be helpful to include in any future guidance CMS may produce, or the 2024 Access Final Rule MAC and BAC requirements, please contact MedicaidAccess_MACBAC@cms.hhs.gov.

I. MAC and BAC Composition

A. Regulatory requirements

§ 431.12 (c) Selection of members. The Director of the single state Agency for the Medicaid program must select members for the MAC and BAC for a term of length determined by the state, which may not be followed immediately by a consecutive term for the same member, on a rotating and continuous basis. The state must create a process for recruitment and selection of members and publish this information on the state's website as specified in paragraph (f).

§ 431.12(d) MAC membership and composition. The MAC membership must consist of the following percentages and representative categories of interested parties in the state:

(1) From July 9, 2025, through July 9, 2026, 10 percent of the MAC members must come from the BAC, and from July 10, 2026, through July 10, 2027, 20 percent of MAC members must come from the BAC. Thereafter, 25 percent of MAC members must come from the BAC.

(2) The remaining committee members must include representation of at least one from each of the following categories:

(A) State or local consumer advocacy groups or other community-based organizations that represent the interests of, or provide direct service, to Medicaid beneficiaries.

(B) Clinical providers or administrators who are familiar with the health and social needs of Medicaid beneficiaries and with the resources available and required for their care. This includes providers or administrators of primary care, specialty care, and long-term care.

(C) As applicable, participating Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs as defined in §438.2, or a health plan association representing more than one such plans; and

(D) Other State agencies that serve Medicaid beneficiaries (for example, foster care agency, mental health agency, health department, state agencies delegated to conduct eligibility determinations for Medicaid, State Unit on Aging), as ex-officio, non-voting members.

§ 431.12(e) Beneficiary Advisory Council. The state must form and support a BAC, which can be an existing beneficiary group, made up of current or former Medicaid beneficiaries and people with direct experience supporting Medicaid beneficiaries (family members and paid or unpaid caregivers of people enrolled in Medicaid), to advise the state regarding their experience with the Medicaid program, on matters of concern related to policy development and matters related to the effective administration of the Medicaid program.

B. Implementation considerations

Understand the makeup of your Medicaid program. A diverse MAC and BAC membership that reflects the demographics of the state's Medicaid program can help to ensure that the program is best serving the needs of all beneficiaries. An analysis of the Medicaid program's enrollment can provide states with a comprehensive understanding of the demographic makeup of their Medicaid population. States can use this information to specify in the MAC and BAC bylaws priority demographic groups and subgroups that the state requires be represented on the committees. States may also want to consider geographical

diversity (for example, urban versus rural areas) when selecting MAC and BAC members and how to balance geographic representation with the demographics and health care needs of the Medicaid population.

Partner with community-based organizations to help recruit members. States can draw on their relationships with community leaders and community-based organizations (CBOs) to identify and recruit MAC and BAC members who are representative of the people served by the program. CBOs work in their communities to help people navigate complex systems. These organizations can be particularly helpful in identifying individuals who represent marginalized groups and need more representation, such as low income workers as well as individuals with intellectual and developmental disabilities. Building a relationship with a CBO before deciding to work together can help ensure the organization and state can work together effectively.[7] States can also discuss their recruitment goals and strategies with potential CBO partners to ensure successful recruitment of populations of interest.[8]

When selecting CBO partners, states may want to focus on organizations that have strong connections with the communities they serve and that are trusted by community members. Gaining community trust is key for recruitment.[9] Effective community engagement includes recognizing historical trauma, structural racism, and systemic bias and dedicating resources to ensure the community is engaged in culturally meaningful ways. Partnering with trusted CBOs can help states build the community trust that is foundational for beneficiary participation. Community partners can be helpful in addressing issues of trust with communities that have a history of distrust and/or negative interaction with government agencies.[10]

MAC and BAC members can help to spread the word about recruitment opportunities. Building trust in the MAC and BAC process among current beneficiary members can make it easier to recruit future beneficiary members. Current members can tell others in the community about the committee's work, which encourages other community members to get involved.[11] *Section III.C. Facilitating beneficiary engagement and participation in meetings* of this guide describes ways to build trust in the MAC and BAC process among current beneficiary members, including facilitating meetings in an intentional way, creating a safe and supportive environment, ensuring beneficiaries feel heard, and collecting and responding to member feedback.

Use a linguistically and culturally appropriate recruitment approach. Ensuring recruitment strategies and materials are culturally and linguistically tailored to the populations of interest can also help states

[7] Health Care Payment Learning and Action Network. "Guidance for Health Care Entities Partnering with Community-Based Organizations." n.d. https://hcp-lan.org/workproducts/APM-Guidance/HEAT-CBO-Partnership-Guidance.pdf.

[8] Forde, Jasmine, Sonia Alves, Lauren Amos, Ryan Ruggiero, Annalisa Mastri, Kate Bradley, Nkemdiri Wheatley, et al. "Recruiting Individuals with Lived Experience." ASPE, U.S. Department of Health and Human Services, January 25, 2023. https://aspe.hhs.gov/sites/default/files/documents/230a8fe8986f162910b9f29f6d050f35/Recruiting-Lived-Experience.pdf

[9] Ryan White HIV/AIDS Program. "Best Practices for Consumer Recruitment and Retention." April 2017. https://targethiv.org/sites/default/files/media/documents/2022-09/pcs-4-2-consumer-recruitment-retention.pdf.

[10] Health Equity Solutions. "Transformational Community Engagement to Advance Health Equity." January 2023. https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2023/rwjf471107.

[11] TargetHIV. "Best Practices for Consumer Recruitment and Retention." 2022. https://targethiv.org/sites/default/files/media/documents/2022-09/pcs-4-2-consumer-recruitment-retention.pdf.

recruit beneficiary members. Culturally and linguistically appropriate materials are especially important if many beneficiaries regularly use a language other than English.[12] States can develop recruitment materials with clear language and culturally appropriate messages focused on the issues important to the given community. CBOs can provide feedback on outreach materials to help states develop effective communication strategies.[13] States might consider using diverse methods to reach communities of interest, including marketing events, social media posts, flyers, mailers, and emails. State staff who have worked on producing materials on Medicaid eligibility and enrollment might have insights on which recruitment vehicles are best suited to the populations of interest.

States can also consider highlighting available accommodations and supports provided for MAC and BAC members in recruitment materials. Beneficiaries often cite a lack of compensation as a barrier to community engagement. To address their concerns, recruitment materials can clearly describe the types of financial compensation and other supports that may be available such as childcare and meals, language interpretation, and accommodations for people with disabilities. When developing a compensation approach, states should consider that other means tested programs may have other rules for counting income. CMS encourages states to assess those rules and advise Medicaid beneficiary members of the MAC and BAC accordingly. Promising strategies to address members' accessibility needs are described in *Section III.C. Facilitating beneficiary engagement and participation in meetings*.

Keep a list of potential members. States may want to establish a strong pipeline of potential members who can cycle into the MAC and BAC. A strong candidate pipeline can also help maintain appropriate representation of priority groups and diverse and equitable committee composition. States could conduct recruitment and review membership applications on an ongoing basis to ensure a pipeline of potential members. States could also maintain a wait list of applicants who are already approved for membership and can join the MAC or BAC quickly as other members rotate out. Having a list of potential beneficiary members can also help ensure that the required percentage of beneficiary representation on the MAC is maintained.

Create a simple application process. Using a short, simple, and straightforward application process can help states recruit beneficiary members. Some states used MCAC membership applications with as few as two open-ended questions.[14] Instead of a formal application, a number of states used a questionnaire that did not require submission of a resume and asked straightforward questions to gauge the applicant's interest and availability. States can also consider how to make the application easily accessible—for example, by ensuring applicants can find it online without having to search through multiple web pages. Furthermore, states can use alternative application methods, such as allowing potential members to apply

[12] Arnos, Diane, Edward Kroll, Emma Jaromin, Hannah Sumiko Daly, and Elsa Falkenburger. "Tools and Resources for Project-Based Community Advisory Boards." October 2021. https://www.urban.org/research/publication/tools-and-resources-project-based-community-advisory-boards.

[13] Zhu, Jane M., Ruth Rowland, Rose Guinn, Sarah Gollust, and David T. Grande. "Engaging Consumers in Medicaid Program Design: Strategies from the States." *The Milbank Quarterly*, vol. 99, no. 1, December 15, 2020, pp. 99–125. https://doi.org/10.1111/1468-0009.12492.

[14] Medicaid and CHIP Payment and Access Commission. "Engaging Beneficiaries Through Medical Care Advisory Committees to Inform Medicaid Policymaking." March 2, 2024. https://www.macpac.gov/wp-content/uploads/2024/03/Chapter-1-Engaging-Beneficiaries-through-Medical-Care-Advisory-Committees-to-Inform-Medicaid-Policymaking.pdf.

via email, and providing staff to walk applicants through the questions and help them with completion. Making staff available to help applicants could also enable people to apply even if they lack access to computers or smartphones.[15]

Examples from State MCAC Implementation

- **Colorado** emailed all Medicaid enrollees who opted into receiving email correspondence to invite them to participate in a survey regarding their interest in the state's MCAC, the Colorado Medicaid Experience Advisory Council (MEAC).
- **Minnesota** included a Tribal representative for each type of member on its MCAC to ensure representation from the state's Tribal communities.[16]
- **Nebraska**'s MCAC application included just two questions, asking applicants about their affiliation with the Nebraska Medicaid program and why they want to serve on the committee.[17]
- **New Hampshire**'s MCAC bylaws included a list of the types of beneficiaries and advocates with lived experience who should be actively recruited, including elders; parents of Medicaid-enrolled children; adults with disabilities (including mental illness); and family or nonfamily primary caregivers.[18]
- **Utah**'s MCAC bylaws required that recruitment and selection of new members consider diverse representation, including members' age, ethnicity, race, gender, geographic location, and disability. To ensure diverse representation, the current composition of the MCAC must be considered when filling an open seat. Additionally, the state must ensure that people from underrepresented groups, communities, or identities are aware of the open seat and have an equal opportunity to apply.[19]
- **Virginia** worked with CBOs to identify potential committee members. The state then randomly selected potential members and sends them a MCAC application.[20]

American Indian/Alaska Native advisory councils

Many states have separate consumer advisory groups to address specific populations, including children, people with behavioral health needs,[21] and American Indian/Alaska Native communities. These specific examples can be instructive on states' MAC and BAC efforts. For example, the **Minnesota** Department of Human Services (DHS) supports several Tribal advisory councils on chemical dependency, child welfare, and mental health in partnership with its Office of Indian Policy. These councils advise on policies and procedures related to Indian Health Services and Tribal programs. Before the pandemic, all meetings were held in the community, often on Tribal reservations over multiple days to support the inclusion of Tribal traditions.[22]

The Minnesota Department of Health and DHS also co-facilitated a quarterly Tribal and Urban Indian Health Directors meeting that includes updates on Medicaid SPAs and waiver activities. The Tribal Relations Liaison coordinates with the Office of Indian Policy and supports a separate process for Tribal notice and consultation on proposed and pending SPAs and waiver activities.

The **Arizona** Advisory Council on Indian Health recommends new Medicaid and CHIP programs, services, funding options, policies, and demonstration projects to meet the needs of American Indian tribes and urban Indian health organizations. The council also recommends legislation that supports the design and implementation of services, and seeks grants, contracts, and other funding to further its purpose.[23]

II. Effective Planning and Execution of MAC and BAC Meetings

A. Term limits

1. Regulatory requirements

§ 431.12 (c) Selection of members. The Director of the single state Agency for the Medicaid program must select members for the MAC and BAC for a term of length determined by the state, which may not be followed immediately by a consecutive term for the same member, on a rotating and continuous basis. The State must create a process for recruitment and selection of members and publish this information on the State's website as specified in paragraph (f).

2. Implementation considerations

Staggered and mixed term lengths. Term limits reduce the burden of participation and can promote engagement by more Medicaid beneficiaries and people from historically underrepresented groups. When setting the length of member terms, states could consider a mix of term lengths. Staggered membership terms, in which only part of a member cohort rotates at a time, can help retain committee institutional knowledge while ensuring a diversity of perspectives over time.[24]

[15] Mead, Shannon, and Anna Benyo. "Engaging People with Lived Expertise to Inform Complex Care Research." Center for Health Care Strategies, July 19, 2022. https://www.chcs.org/engaging-people-with-lived-expertise-to-inform-complex-care-research/.

[16] Minnesota's Medicaid Services Advisory Committee, Minnesota Department of Human Services. "Medicaid Services Advisory Committee." 2021. https://mn.gov/dhs/assets/2021-11-01-msac-membership_tcm1053-508290.pdf.

[17] Nebraska Department of Health and Human Services. "Medical Care Advisory Committee Application Form." June 2021. https://dhhs.ne.gov/Documents/MLTC-39.pdf.

[18] New Hampshire Medical Care Advisory Committee, New Hampshire Department of Health and Human Services. "NH Medicaid Medical Care Advisory Committee Bylaws." June 13, 2022. https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/mcac-by-laws.pdf.

[19] Utah Department of Health and Human Services. "Utah Medical Care Advisory Committee." 2023. https://medicaid.utah.gov/Documents/pdfs/mcac/2023%20Minutes/MCAC-ByLaws-%20January%202023%20Final.pdf.

[20] Spencer, Anna, and Lauren Scannelli Jacobs. "Engaging Community Members: A Guide to Equitable Compensation." Center for Health Care Strategies, June 13, 2024. https://www.chcs.org/resource/engaging-community-members-a-guide-to-equitable-compensation/.

[21] Zhu, Jane M., Ruth Rowland, Rose Guinn, Sarah Gollust, and David T. Grande. "Engaging Consumers in Medicaid Program Design: Strategies from the States." *The Milbank Quarterly*, vol. 99, no. 1, December 15, 2020, pp. 99–125. https://doi.org/10.1111/1468-0009.12492.

[22] Minnesota Department of Human Services. "American Indian advisory councils." March 8, 2016. https://mn.gov/dhs/general-public/about-dhs/advisory-councils-task-forces/american-indian-advisory-councils.jsp.

[23] Arizona Advisory Council on Indian Health Care. "Duties and Membership." n.d. https://aacihc.az.gov/about/duties-and-membership.

[24] Roman, Courtney, Madeline Steward, Kelly Church, and the Center for Health Care Strategies. "Medi-Cal Member Advisory Committee: Design Recommendations for the California Department of Health Care Services." California Department of Health Care Services, July 2023. https://www.chcf.org/wp-content/uploads/2023/06/Medi-CalMemberAdvisoryCommittee.pdf.

Set term lengths that allow new members sufficient time to build knowledge. It is important to consider strategies that support beneficiary members to build the expertise required to contribute meaningfully. For example, states can develop standard training materials and resources to help new members get up to speed quickly. States may want to set term lengths in a way that enables more time for beneficiary members to build requisite subject matter knowledge to meaningfully engage and to sufficiently leverage their expertise.

Examples from State MCAC Implementation

- **Illinois**'s MCAC bylaws set staggered two-year terms for members. After two years of non-membership, a former member is eligible for reappointment.[25]
- **Nebraska**'s MCAC bylaws established a three-year membership term. Initially, members were appointed to staggered terms: one-third of members served a one-year term, one-third served a two-year term, and the remaining served a three-year term.[26]
- **North Carolina**'s MCAC members were appointed on a rotating basis for three-year periods with overlapping terms for continuity. Initially, appointments were made for one, two, and three-year terms to provide for planned rotation and reappointment.[27]
- **Ohio**'s membership terms were staggered so one-third of the MCAC was subject to appointment each year.[28]
- **Pennsylvania** set a standard two-year term for MCAC members. However, the bylaws allowed the Secretary of the Department of Human Services to appoint a member for a term of less than two years if it supported efficient operations of the MCAC (for example, to stagger term expiration dates).[29]

[25] Illinois Department of Healthcare and Family Services. "Medicaid Advisory Committee Bylaws." July 2023. https://hfs.illinois.gov/about/boardsandcommisions/mac/bylaws.html.

[26] Nebraska Department of Health and Human Services. "Medicaid Advisory Committee Bylaws." Revised June 17, 2024. https://dhhs.ne.gov/Documents/MAC%20Bylaws.pdf.

[27] Division of Medical Assistance, North Carolina Department of Health and Human Services. "Medical Care Advisory Committee (MCAC) Bylaws." February 2018. https://medicaid.ncdhhs.gov/documents/getinvolved/mcac/mcac-laws-2018-02-27-0/download.

[28] Ohio Department of Medicaid. "Ohio Department of Medicaid Medical Care Advisory Committee Operating Guidelines." August 2021. https://medicaid.ohio.gov/static/About+Us/Boards+and+Committees/MCAC/MCAC-By-Laws.pdf.

[29] Pennsylvania Medical Assistance Advisory Committee. "MAAC Operating Guidelines." n.d. https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/pharmacy-services/documents/Medical%20Assistance%20Advisory%20Committee%20Operating%20Guidelines.pdf.

B. In-person vs. virtual meetings

1. Regulatory requirements

§ 431.12 (f) MAC and BAC administration. The state agency must create standardized processes and practices for the administration of the MAC and the BAC that are available for public review on the state website. The State agency must –…

(5) Offer a rotating, variety of meeting attendance options. These meeting options are: all in-person attendance, all virtual attendance, and hybrid (in person and virtual) attendance options. Regardless of which attendance type of meeting it is, states are required to have, at a minimum, telephone dial-in option at the MAC and BAC meetings for its members. If the MAC or BAC meeting is deemed open to the public, the state must offer at a minimum a telephone dial-in option for members of the public.

2. Implementation considerations

Consider the pros/cons of the different types of meetings. In selecting the attendance option, in person or virtual, states may need to consider the benefits and drawbacks of each. There is clear value to the interpersonal connections that can be made through meeting in person. But Medicaid beneficiaries might face logistical challenges to in-person meetings—such as a lack of transportation, childcare responsibilities, and conflicting work schedules—that have not always been effectively considered or addressed in the past. In order to better enable working members to participate, consider holding meetings at different times of the day.

Holding a few in-person meetings per year can foster relationship building between committee members. For in-person meetings, identifying a neutral location can be a key consideration for states, as it might be overwhelming or intimidating for beneficiaries to meet in state government buildings. Meeting at a community center, public library, health clinic, or other neutral gathering space—preferably those accessible by public transportation—can help put beneficiary members at ease and encourage participation. This approach reinforces that state Medicaid agency staff are coming to beneficiary members to solicit their expertise, rather than requiring them to come to a state office building.

Make virtual meetings engaging. Virtual attendance options can make participation easier for beneficiaries and the public, enabling members to fit committee meetings into busy days and relieving transportation and childcare pressures. Furthermore, virtual meeting platforms might offer accessibility features such as live captioning and interfacing with electronic braille readers. To encourage meaningful participation, states can work with MAC and BAC members on the use of virtual meeting platforms, including best practices such as using the chat feature when a participant has trouble breaking into a conversation. States may also want to consider the limitations of virtual-only modalities, such as unequal access to internet connections. Meeting facilitators can check in periodically with the remote attendees to ensure they have a chance to engage.

Examples from State MCAC Implementation

- **North Carolina** alternated between quarterly virtual and in-person MCAC meetings. The in-person meetings were held in Raleigh at North Carolina State University, and members were reimbursed for travel and lodging expenses.
- **Pennsylvania** polled its MCAC members on their preference for in-person meetings, and the members voted to keep the meetings virtual. Although the state reported that members liked being in proximity to Medicaid executive leadership and being able to visit with them when they traveled to Harrisburg, the members agreed that virtual meetings allow beneficiaries to participate more easily.

C. Facilitating beneficiary engagement and participation in meetings

1. Regulatory requirements

§ 431.12 (f) MAC and BAC administration. The state agency must create standardized processes and practices for the administration of the MAC and the BAC that are available for public review on the state website. The state agency must –…

(6) Ensure that the meeting times and locations for MAC and BAC meetings are selected to maximize member attendance and may vary by meeting; and

(7) Facilitate participation of beneficiaries by ensuring that that meetings are accessible to people with disabilities, that reasonable modifications are provided when necessary to ensure access and enable meaningful participation, and communications with individuals with disabilities are as effective as with others, that reasonable steps are taken to provide meaningful access to individuals with Limited English Proficiency, and that meetings comply with the requirements at § 435.905(b) of this chapter and applicable regulations implementing the ADA, Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act, and section 1557 of the Affordable Care Act at 28 CFR part 35 and 45 CFR parts 80, 84 and 92, respectively.

2. Implementation considerations

Ask members about their scheduling and accessibility needs. Meaningful community engagement requires planning processes and resources to support equitable participation. Designing MAC and BAC meetings based on the needs of the participants can help beneficiaries engage meaningfully. This includes choosing meeting times and locations that fit the lives and schedules of participants and providing interpretation and translation services. To ensure MAC and BAC meetings are accessible for people with disabilities, states can consider creating an accessibility plan for in-person meetings. Such a plan can include designating seating for people with disabilities in the front of the room and near the exits, providing an American Sign Language interpreter and Communication Access Realtime Translation, and offering audio assistance to people who rely on assistive technology.[30]

States can also consult with their Medicaid communities to ensure that accessibility supports are appropriate and sufficient. For example, CBOs can help states determine which materials to translate and whether they are written at the appropriate reading level. States could also periodically solicit feedback

[30] Smith, S.E. "How to Make Your Social Justice Events Accessible to the Disability Community: A Checklist." *Rooted in Rights*, February 3, 2017. https://rootedinrights.org/how-to-make-your-social-justice-events-accessible-to-the-disability-community-a-checklist/.

from BAC members on the effectiveness of accommodations and adjust the accommodations as necessary.

Set meeting ground rules. Creating a safe and trusting meeting environment is also important to support active participation and engagement by beneficiary members. States can establish group rules that encourage open communication, respect, and non-judgmental active listening. Such rules set shared expectations and guidelines for member participation and encourage effective collaboration. State staff can work with MAC and BAC members to establish ground rules at the beginning of the committee year. Establishing these rules helps members understand and adhere to the behaviors and characteristics that facilitate an environment in which beneficiary members feel comfortable sharing their experiences. As needed, the committee chair or state staff leading the meeting can review the ground rules with members at the start of each meeting.

Solicit member feedback in a variety of different ways. Taking a collaborative approach to relationship building, including active listening and acting on feedback, can also foster beneficiary trust and meaningful engagement.[31] Active listening means being fully present, listening to understand rather than to respond, and withholding judgment and advice.[32] A key aspect of trust building is ensuring that community members feel their opinions are respected and their input is vital to the work. Members may be more open to participating if they feel others are listening. At the end of each meeting, state staff can give members a chance to provide feedback on what worked well and any areas for improvement. Collecting and responding to feedback lets members know their opinions matter and improves the effectiveness of future meetings. States could also consider providing opportunities for members to submit written or oral feedback through anonymous surveys, post-session debriefs, or emails.[33]

Select a knowledgeable meeting facilitator. States can consider using trained facilitators, either internal staff or external experts, to help MAC and BAC members build trust and actively participate. Facilitators can help to set the tone for effective and respectful engagement and help members identify and address power imbalances. When selecting a facilitator, states may want to consider the person's background and experience. Understanding that not all states will have equal access to a knowledgeable facilitator, the characteristics of an ideal facilitators include experience working with community members, a strong understanding of the state's Medicaid program from a policy perspective or lived experience, an affirming and inclusive style of communication, and a demographic background and experiences similar to those of committee members.[34]

[31] Allen, Eva H., Jennifer M. Haley, Joshua Aarons, and DaQuan Lawrence. "Leveraging Community Expertise to Advance Health Equity." Urban Institute and Robert Wood Johnson Foundation, July 2021. https://www.urban.org/sites/default/files/publication/104492/leveraging-community-expertise-to-advance-health-equity_0_0.pdf.

[32] Ibid.

[33] FSG. "Inclusive Facilitation for Social Change." August 17, 2023. https://www.fsg.org/blog/inclusive-facilitation-for-social-change/.

[34] Roman, Courtney, Madeline Steward, Kelly Church, and the Center for Health Care Strategies. "Medi-Cal Member Advisory Committee: Design Recommendations for the California Department of Health Care Services." California Department of Health Care Services, July 2023. https://www.chcf.org/wp-content/uploads/2023/06/Medi-CalMemberAdvisoryCommittee.pdf.

Examples from State MCAC Implementation

- •**Minnesota** used community partnerships to provide a neutral, safe space for engagement. One session at a local community center started with participants sharing personal stories before discussing Medicaid program design issues, which helped frame the policy discussion in the context of members' lived experiences.[35]
- •**Virginia** used an agreed-upon set of values and principles, or "MAC Pact," that is reviewed at each MAC meeting. The MAC Pact is subject to revisions at any time as desired by the MAC.[36]

How We Interact Together	How We Get Things Done
• We are welcoming to one another. • We prioritize time to get to know each other during meetings and promote a healing environment. • We commit to respecting and collaborating with one another and suspending judgement. • It is important to us that all MAC member voices are heard. • We share our personal experiences and perspectives, but we consider the experiences of other members as well. • We approach challenges with a solution-focused energy. • We want to be hard on the problem, not each other.	• We are mindful of acronyms and commit to spelling them out in conversation and in writing. • We are mindful of time, but flexible and intentional when the schedule may need to change. • It is important to us that only one person speaks at a time. • We enjoy collaborating with a designated facilitator to keep the meeting on course. • We will maintain a "parking" lot of items for future discussion. • We want to see action! It is important to us to have a timely follow-up when feedback is given. • Change it up! We prefer to vary our activities and lunch selections when possible.

[35] Zhu, Jane M., and Ruth Rowland. "Increasing Consumer Engagement in Medicaid—Learnings from States." Oregon Health and Science University, December 2020. https://www.ohsu.edu/sites/default/files/2020-12/Increasing%20Consumer%20Engagement%20in%20Medicaid%20-%20Learnings%20from%20States%2012.14.20.pdf

[36] Virginia Medicaid Department of Medical Assistance Services. "The MAC Pact: MAC Member Expectations for Interactions and Strategies for Accomplishing Goals Together." 2023. https://www.dmas.virginia.gov/media/5996/dmas-mac-pact-final-revision-july-2023.pdf.

Promising meeting facilitation practices from Colorado's MEAC

There are ways that MAC and BAC meetings can be set up to foster trust and comfort. This process can include paying attention to details in the meeting setup, using name tags, giving introductions that prioritize the importance of lived experience, and providing training on virtual meeting platforms. For example, when Colorado's MEAC met in person, the meeting table was set as a square so that no one member, state staff member, or member of state executive leadership was sitting at the head of the table. The name tags for all meeting participants were the same (state staff do not wear their state-issued identification badges) to foster equity and comfort. Each MEAC meeting began with members sharing positive and challenging experiences with accessing Medicaid services, and, although meetings have agendas and speakers, the meeting style was flexible to be responsive to members' needs.

Excerpt from American Indian/Alaska Native "Culture Card"

The MAC and BAC process does not replace formal CMS Tribal Consultation[37] requirements for states.[38] However, there are similarities in the key elements of success. In 2009, the Substance Abuse and Mental Health Services Administration published a "Culture Card" designed to help facilitate successful engagement with Tribal communities and leaders.[39] Following is a select list of tips that could be helpful for states to keep in mind:

- Learn how the community refers to itself as a group of people (for example, Tribal name).
- Listen and observe more than you speak.
- Learn to be comfortable with silence or long pauses in conversation.
- It is acceptable to admit limited knowledge of American Indian/Alaska Native (AI/AN) cultures and invite people to educate you about specific cultural protocols in their community.
- Allow the person to tell their story before engaging in a specific line of questioning. Avoid intrusive questions early in conversation.
- Do not interrupt others during conversation or interject during pauses or long silences.
- Be careful about pointing with your finger, which may be interpreted as rude behavior.
- Do not touch sacred items, such as medicine bags, other ceremonial items, hair, jewelry, and other personal or cultural objects.
- Always respect the privacy and confidentiality of information shared.

[37] Centers for Medicare & Medicaid Services. "Tribal Consultation." Last modified 2015. https://www.cms.gov/outreach-and-education/american-indian-alaska-native/aian/consultation.

[38] As noted in the 2024 Access Final Rule, CMS does "not anticipate that the MAC or BAC could be used to fulfill Tribal consultation requirements under section 1902(a)(73) of the Social Security Act. For states with one or more Indian Health Programs or Urban Indian Organizations that furnish health care services, the state must consult with such programs and organizations on a regular, ongoing basis. While the statute specifically permits representatives of such programs and organizations to be included on the MCAC [now known as the MAC], this alone would not meet the requirement to consult on any state plan amendments (SPAs), waiver requests, and proposals for demonstration projects likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations prior to submission." CMS. "Medicaid Program; Ensuring Access to Medicaid Services, 89 FR 40542." *Federal Register*, vol. 89, no. 92, May 2024, p. 40542. https://www.federalregister.gov/d/2024-08363.

D. Identifying topics for discussion

1. Regulatory requirements

§ 431.12(g) MAC and BAC participation and scope. The MAC and BAC participants must have the opportunity to advise the director of the single state Agency for the Medicaid program on matters related to policy development and matters related to the effective administration of the Medicaid program. At a minimum, the MAC and BAC must determine, in collaboration with the state, which topics to provide advice on related to -

(1) Additions and changes to services;

(2) Coordination of care;

(3) Quality of services;

(4) Eligibility, enrollment, and renewal processes;

(5) Beneficiary and provider communications by state Medicaid agency and Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs as defined in § 438.2;

(6) Cultural competency, language access, health equity, and disparities and biases in the Medicaid program;

(7) Access to services; and

(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.

2. Implementation considerations

Set meeting agendas together. Shared planning and co-creation of meeting agendas can help members feel engaged in the process and makes them more likely to actively participate in discussions. Collaborative agenda setting can also help to ensure that MAC and BAC meetings prioritize both state needs and issues identified by MAC and BAC members. To solicit discussion topics, states can devote part of each MAC and BAC meeting to discussing future agenda items or ask members to submit agenda items before the meetings. To ease into agenda setting with members, states may want to collect future agenda topics only during meetings for the first few months. As relationships and trust between members and the state builds, the state can move to a co-design model where members submit agenda topics in advance and state staff prepare to discuss them during the next meeting.[40]

Create agendas that allow for discussion time. In designing MAC and BAC meetings, states may want to start with a few standing items, such as reviewing ground rules and providing status updates on follow up items from prior meetings. In addition to the standing items, the meeting can include two or three discussion topics. States may want to limit each MAC and BAC meeting discussion to just two or three major topics to avoid overwhelming members. In determining which topics to include in a specific meeting, the state may want to consider time sensitivity or topics that are most relevant to members. The

[39] Substance Abuse and Mental Health Services Administration. "American Indian and Alaska Native Culture Card." March 2009. https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/sma08-4354.

[40] Roman, Courtney, Madeline Steward, Kelly Church, and Center for Health Care Strategies. "Medi-Cal Member Advisory Committee: Design Recommendations for the California Department of Health Care Services." California Department of Health Care Services, July 2023. *Medi-Cal Member Advisory Committee: Design Recommendations for the California Department of Health Care Services*.

meeting agenda can leave ample time for discussion and for members to raise questions and concerns and share feedback.[41]

Examples from State MCAC Implementation

- Based on feedback provided by its MCAC, **Colorado** redesigned the templates for its state member notices and re-wrote language to be more understandable by and accessible to consumers.
- **Pennsylvania** drew on the extensive experience and expertise of its MCAC Consumer Subcommittee members while procuring new Medicaid managed care contracts. Subcommittee members did not participate in reviewing and scoring proposals through the formal request for proposal process; however, state staff consulted them at the beginning of the process to ensure their input was included in the formal review.
- **Virginia** posted MCAC meeting agendas and presentations on its website in an organized manner and brought any relevant topics to its beneficiary-only advisory committee. One presentation focused on obtaining insight from Medicaid enrollees and their families on how the state can be more effective in communicating.[42]

New Hampshire's requirement for MCAC review of state rules

Embedded within its detailed bylaws, **New Hampshire** had a requirement that the MCAC will have an opportunity to review and comment on all rules related to Medicaid.[43] This process was designed to ensure that the MCAC has the opportunity to provide meaningful input on policies not yet fully decided upon or implemented. The state's expectation was that the committee will be given a chance to help shape the policy before it is finalized.

E. Providing effective state staff support to the MAC and BAC

1. Regulatory requirements

§ 431.12(h) State agency staff assistance, participation, and financial help. The single state Agency for the Medicaid program must provide staff to support planning and execution of the MAC and the BAC to include -

(1) Recruitment of MAC and BAC members;

(2) Planning and execution of all MAC and BAC meetings and the production of meeting minutes that include actions taken or anticipated actions by the state in response to interested parties' feedback provided during the meeting. The minutes are to be posted on the state's website within 30 calendar days following each meeting. Additionally, the state must produce and post on its website an annual report as specified in paragraph (i) of this section; and

(3) The provision of appropriate support and preparation (providing research or other information needed) to the MAC and BAC members who are Medicaid beneficiaries to ensure meaningful participation. These tasks include –

[41] Ibid.

[42] Virginia Medicaid Department of Medical Assistance Services (DMAS) Member Advisory Committee. "Communicating Effectively with Medicaid Members." November 18, 2019. https://townhall.virginia.gov/L/GetFile.cfm?File=Meeting%5C64%5C29971%5CMinutes_DMAS_29971_v1.pdf.

[43] New Hampshire Medical Care Advisory Committee. "NH Medical Care Advisory Committee Medicaid Rules Review Process." New Hampshire Department of Health and Human Services, 2016. https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/mcac-rules-review.pdf.

(i) Providing staff whose responsibilities are to facilitate MAC and BAC member engagement;

(ii) Providing financial support, if necessary, to facilitate Medicaid beneficiary engagement in the MAC and the BAC; and

(iii) Attendance by at least one staff member from the single state Agency for the Medicaid program's executive staff at all MAC and BAC meetings.

2. Implementation considerations

Select a strong staff liaison. A strong staff liaison is important for encouraging committee members to participate meaningfully and actively in meetings. Dedicated state staff can help ensure the effective operation of the MAC and BAC, facilitate relationship building, and help build and maintain trust with communities. Establishing early and often that staff and executive leadership are listening and acting on feedback, and then communicating those actions back to members, can signal to beneficiary members that their expertise is valued in the same manner as other members of the MAC. States might want to ensure that staff liaisons to the MAC and BAC have the capacity to support the committees as well as experience in recruiting, conducting community outreach, and supporting people with lived experience. States could consider training the staff supporting the MAC and BAC in active listening, meeting facilitation, and community engagement. Staff may also benefit from trainings in cultural humility and unconscious bias. Cultural humility involves "being aware of how people's culture can impact their health behaviors and in turn using this awareness to cultivate sensitive [engagement] approaches." [44] Unconscious bias are the views and opinions that people implicitly hold but are not aware of. Unconscious bias training can teach staff ways to recognize and address these biases.[45]

Provide orientation and training to members. To prepare beneficiary members to participate meaningfully in MAC and BAC meetings, states could hold an annual orientation for new committee members at the start of each meeting year. Mentorship opportunities—with former beneficiary members or advocates who have participated in advisory committees—can help new members build confidence and participate effectively.[46] State staff could also meet with beneficiary members before MAC and BAC meetings to brief them on the planned discussion topics and answer their questions. Training beneficiary members on topics such as Medicaid financing, policy, and operations can prepare them to participate equitably and provide informed input. States could also provide external health policy and legislative experts as a resource to help beneficiary members meaningfully contribute to meeting discussions.

Collect member feedback and explain how their feedback will be used. Staff can debrief at the end of each meeting to obtain initial feedback on members' experience with it. After each meeting, state staff

[44] Prasad, S.J., Nair, P., Gadvi, K., Barai, I., Danish, H. S., and Phillip, A. B. "Cultural humility: treating the patient, not the illness." *Medical Education Online*, vol. 21, no. 1, 2016. doi: 10.3402/meo.v21.30908. https://www.tandfonline.com/doi/full/10.3402/meo.v21.30908.

[45] Atewologun, D., T. Cornish, and F. Tresh. "Research Report 113. Unconscious Bias Training: An Assessment of the Evidence for Effectiveness." Equality and Human Rights Commission, 2018. https://archive.equalityhumanrights.com/sites/default/files/research-report-113-unconcious-bais-training-an-assessment-of-the-evidence-for-effectiveness-pdf.pdf.

[46] Medicaid MCO Learning Hub. "Key Findings from the Medicaid MCO Learning Hub Discussion Group Series and Roundtable—Focus on Member Engagement and the Consumer Voice." NORC at the University of Chicago, January 2021. https://www.norc.org/PDFs/Medicaid%20Managed%20Care%20Organization%20Learning%20Hub/MMCOLearningHub_MemberEngagement.pdf.

can send a follow-up email, brief survey, or other message to members asking for additional feedback, in case they did not feel comfortable providing it during the meeting. States can also give members the option to submit feedback anonymously. Additionally, staff can explain to members how their feedback will be received and acted upon. This explanation could include communicating how issues and concerns move up to executive leaders in the agency.

Examples from State MCAC Implementation

- **Colorado** had a full-time staff member who served as a dedicated program manager, facilitator, and liaison to the state's MCAC. The state reported that this individual devoted time to interacting with members to help ensure they are able to participate authentically and know how their input is being addressed.
- **Idaho** regulations specified that the MCAC must be provided with staff assistance from within the Department of Health and Welfare, as well as independent technical assistance as needed, to enable committee members to make effective recommendations.[47]
- **Virginia** and the **District of Columbia** highlighted the importance of executive leadership presence at both the MCAC and beneficiary-only subcommittee meetings via their participation at all public-facing meetings. Virginia and District of Columbia required the Medicaid director, deputies, and often a cabinet-level representative to attend all meetings.
- **Virginia** offered multiple channels for MCAC members to provide feedback outside of committee meetings including email and individual follow-up calls. Issues that MCAC members raised that were not immediately resolvable were added to leadership agendas across the agency, including those of executive leadership.[48]

Shared facilitation of a beneficiary subcommittee in Pennsylvania

Pennsylvania employed a unique structure to support its Medical Assistance Advisory Committee (MAAC) Consumer Subcommittee. Its members are supported by staff of the Pennsylvania Health Law Project (PHLP), a legal services provider in the state. Members of the state executive leadership and staff work closely with the PHLP to facilitate the monthly meetings, ensure that meeting agendas are set in a bidirectional manner, input and feedback provided by the members is acted on in a timely way, and the outcome of the discussions are reported back to members. The chair and vice-chair of the subcommittee also sit on the state's MAAC.

The meetings of the subcommittee were held just before the monthly MAAC meetings so that beneficiary members are prepared by the PHLP and state staff to participate meaningfully in the broader MAAC meetings. In addition, they call ad hoc meetings and coordinate with beneficiaries outside of regular meetings so members can provide input on policymaking that requires a quicker turnaround than the regular meeting schedule allows. The PHLP staff support to the Consumer Subcommittee members is grant funded.[49]

[47] Medical Care Advisory Committee, Idaho Admin. Code r. 16.03.09.013. https://www.law.cornell.edu/regulations/idaho/IDAPA-16.03.09.013.

[48] State Health and Value Strategies. "State Examples of Medicaid Community Engagement Strategies: Two Case Studies." January 2023. https://www.shvs.org/wp-content/uploads/2023/01/SHVS_State-Examples-of-Medicaid-Community-Engagement-Strategies.pdf.

[49] Pennsylvania State Medicaid and PHLP leadership discussion with the CMS, October 2022.

III. Promoting Transparency of Meetings

A. Regulatory requirements

§ 431.12 (f) MAC and BAC administration. The state agency must create standardized processes and practices for the administration of the MAC and the BAC that are available for public review on the state website. The state agency must – …

(3) Develop, publish by posting publicly on its website, and implement a regular meeting schedule for the MAC and BAC; the MAC and BAC must each meet at least once per quarter and hold off-cycle meetings as needed. Each MAC and BAC meeting agenda must include a time for members and the public (if applicable) to disclose conflicts of interest.

(4) Make at least two MAC meetings per year open to the public and those meetings must include a dedicated time during the meeting for the public to make comments. BAC meetings are not required to be open to the public, unless the state's BAC members decide otherwise. The public must be adequately notified of the date, location, and time of each public MAC meeting and any public BAC meeting at least 30 calendar days in advance of the date of the meeting.

(5) Offer a rotating, variety of meeting attendance options. These meeting options are: all in-person attendance, all virtual attendance, and hybrid (in person and virtual) attendance options. Regardless of which attendance type of meeting it is, states are required to always have, at a minimum, telephone dial-in option at the MAC and BAC meetings for its members. If the MAC or BAC meeting is deemed open to the public, the State must offer at a minimum a telephone dial-in option for members of the public;

(6) Ensure that the meeting times and locations for MAC and BAC meetings are selected to maximize member attendance and may vary by meeting; and

(7) Facilitate participation of beneficiaries by ensuring that that meetings are accessible to people with disabilities, that reasonable modifications are provided when necessary to ensure access and enable meaningful participation, and communications with individuals with disabilities are as effective as with others, that reasonable steps are taken to provide meaningful access to individuals with Limited English Proficiency, and that meetings comply with the requirements at § 435.905(b) of this chapter and applicable regulations implementing the ADA, Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act, and section 1557 of the Affordable Care Act at 28 CFR part 35 and 45 CFR parts 80, 84 and 92, respectively.

B. Implementation considerations

Ensure the community is aware of upcoming public meetings. Transparent and standardized processes for MAC and BAC operations can help to encourage participation from beneficiaries and facilitate opportunities for involvement from a diverse set of individuals and the community. Publicly posting meeting notices and materials well ahead of meetings can facilitate maximum participation by members. Similarly, ensuring the public and prospective committee members are aware of public MAC and BAC meetings can help to facilitate community engagement. A robust outreach process as well as consistency in meeting schedules can help give members of the public ample opportunity to prepare for and contribute to the public-comment portion of these meetings. This process can include early outreach

to nonmember Medicaid beneficiaries, CBOs, faith leaders, Tribal representatives, and other interested parties.

Use conflict of interest polices to build trust. Conflict of interest (COI) policies play an integral role in establishing and maintaining committee member and public trust in the MAC and BAC process. Types of conflicts that can be highlighted in the COI policy include situations or circumstances that can provide direct financial or other monetary benefits for a member, entities, or individuals closely affiliated with the member; member participation in an organization with conflicting goals and objectives; personal relationships, activities, or interests that may impair a member's objectivity or inappropriately influence the member's decisions or actions on matters related to the MAC and BAC; and situations or circumstances where a member is unable to separate their personal interest in an issue from their obligation to objectively serve in the best interests of the MAC and BAC.[50]

Collect conflict of interest information in various ways. States must reserve time on each MAC and BAC agenda for members to disclose COIs. To keep a record, states may want to consider recording these disclosures in the meeting minutes. States could also develop COI forms for members to complete and file with the state, in addition to having members share their COI during meetings. Members can update these forms when they have an additional conflict or potential conflict, or to change a previously disclosed conflict. States could also consider requiring prospective MAC and BAC members to disclose any COIs or potential COIs during MAC and BAC application.

Examples from State MCAC Implementation

- **California** maintained a robust stakeholder email list. The alerts contained programmatic updates and information on upcoming stakeholder meetings and webinars so advocates, consumers, community organizations, and other interested parties can stay informed and plan to participate in them.[51]
- **Illinois** had a thorough MCAC website containing bylaws, agendas posted in advance of MCAC meetings, tips for using the meeting virtual platform successfully, guidance for submitting public comments ahead of the meetings, meeting minutes, and materials from all past meetings.[52]
- **New Hampshire's** bylaws stipulated that meeting agendas and supporting documents will be publicly available and sent to members two weeks before MCAC meetings.[53]
- **Virginia** posted all agendas and materials from its beneficiary-only advisory body to the state MCAC website, including committee values and principles.[54] The Virginia bylaws stipulated "that written and/or e-mail notice

[50] American Medical Association. "AMA Conflict of Interest Policy." April 8, 1999. https://www.ama-assn.org/about/leadership/ama-conflict-interest-policy.
[51] California Department of Health Care Services. "Department of Health Care Services' Stakeholder Email List." n.d. https://www.dhcs.ca.gov/Pages/DHCSListServ.aspx.
[52] Illinois Department of Healthcare and Family Services. Medicaid Advisory Committee (MAC). n.d. https://hfs.illinois.gov/about/boardsandcommisions/mac-home.html.
[53] New Hampshire Medical Care Advisory Committee, New Hampshire Department of Health and Human Services. "NH Medicaid Medical Care Advisory Committee Bylaws." June 13, 2022. https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/mcac-by-laws.pdf.
[54] Virginia Medicaid Department of Medical Assistance Services. "DMAS Medicaid Member Advisory Committee Policies and Procedures." 2023. https://www.dmas.virginia.gov/media/6479/dmas-mac-policies-pocedures-july-2023.pdf.

of all regular meetings shall be sent to the Committee members at least ten (10) business days in advance of the time and place of the meeting." Meeting minutes are posted following each meeting.

- The **District of Columbia**,[55] **Nevada**,[56] and **Utah**[57] included COI policies and procedures in their MCAC bylaws. Additionally, the **District of Columbia** MCAC member application required applicants to sign a COI form that discloses all material facts relating to any actual or potential COIs on occasions during the membership term.[58]
- **Maryland**'s MCAC bylaws noted that, immediately upon appointment, each member must disclose employment, professional relationships, or any other interest that may potentially pose a conflict to service on the committee. [59] These potential conflicts must be disclosed via the Maryland State Ethics Commission Appointee Exemption Disclosure Form/Partial Ethics Laws Exemption.[60]
- **Nebraska** maintained a stand-alone COI policy and required potential MAC members to complete and submit a COI form as part of the membership application. [61, 62]
- **Oregon**'s bylaws required MCAC members to complete and sign a conflict of interest disclosure form at the time of committee appointment. Members must update the disclosure form annually or whenever there are any relevant changes. [63]

IV. Resources for Further Learning

CMS recognizes that creating new processes and structures to support the modernized MAC and BAC may be resource intensive for states. However, these efforts are a key step on the path to a more effective,

[55] Washington, DC, Department of Health Care Finance. "District of Columbia Medical Care Advisory Committee (MCAC) By-Laws Procedures." 2016. https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/MCAC%20ByLaws_Final-Approved_7-27-2016.pdf.

[56] Nevada State Division of Health Care Financing and Policy. "Amended and Restated Bylaws of the Medical Care Advisory Committee." 2022. https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Boards/AdminSupport/MCAC_Bylaws.pdf.

[57] Utah Department of Health and Human Services. "Utah Medical Care Advisory Committee." 2023. https://medicaid.utah.gov/Documents/pdfs/mcac/2023%20Minutes/MCAC-ByLaws-%20January%202023%20Final.pdf.

[58] Washington, DC, Department of Health Care Finance. "District of Columbia Medical Care Advisory Committee (MCAC) Member Application Form: FY 2019." October 2019. https://dhcf.dc.gov/sites/default/files/u23/FY19%20MCAC%20Application%20_%20Fillable%20Form_Extended%20to%2010-31-2019.pdf

[59] Maryland Department of Health. "Maryland Medicaid Advisory Committee By-Laws." 2020. https://health.maryland.gov/mmcp/Documents/MMAC/2020/MMAC_BYLAWS_070109.pdf.

[60] Maryland State Ethics Commission. "Instructions - Appointee Exemption Disclosure Form/Partial Ethics Law Exemptions." August 10, 2023. https://ethics.maryland.gov/wp-content/uploads/filebase/boards-commissions/boards-commissions-forms/Appointee-Partial-Ethics-Law-Exemptions.pdf.

[61] Nebraska Medicaid Medical Care Advisory Committee. "Conflict of Interest Policy." June 2021. https://dhhs.ne.gov/Documents/MCAC%20Conflict%20of%20Interest%20Policy.pdf.

[62] Nebraska Department of Health and Human Services. "Medical Care Advisory Committee (MCAC) Application Form." 2021. https://dhhs.ne.gov/Documents/MLTC-39.pdf.

[63] Oregon Health Authority. "Medicaid Advisory Committee Bylaws." October 28, 2020. https://www.oregon.gov/oha/HPA/HP-MAC/Documents/Medicaid%20Advisory%20Committee%20Bylaws_Oct2020.pdf.

efficient, and equitable Medicaid program for all beneficiaries. Numerous tools and resources are available—many of which were co-created by community members—that provide strategies and best practices for meaningfully engaging people with lived experience. The following is a sampling of additional resources that states may find helpful as they prepare to implement the new MAC and BAC requirements.

- ASPE's Methods and Emerging Strategies to Engage People with Lived Experience brief identifies methods and emerging strategies to engage people with lived experience in federal research, programming, and policymaking.
- The CDC Clinical and Translational Science Awards Consortium's Community Engagement Key Function Committee Task Force on the Principles of Community Engagement's Principles of Community Engagement (2nd edition) provides both a science base and practical guidance for engagement. It presents nine principles to guide planning efforts.
- TargetHIV and the Ryan White HIV/AIDS Program developed the Training Guide for RWHAP Part A Planning Councils/Planning Bodies: A Member's First Planning Cycle to orient new council members and conduct ongoing training. It is composed of ten modules that consist of a mix of trainer notes, PowerPoint slides, discussion questions, and quizzes with answer sheets. The Training Fundamentals: Resources for Trainers and Facilitators supplement provides steps and suggestions for using the information and resources in the Training Guide modules to help implementers develop orientation and training sessions quickly and efficiently.
- The ADA National Network's A Planning Guide for Making Temporary Events Accessible to People with Disabilities provides planning strategies and solutions for removing the typical barriers encountered by people with disabilities at temporary events.
- The Robert Wood Johnson Foundation's State Health and Value Strategies has developed several resources for states related to Medicaid Advisory Committees.
- Urban Institute's Community-Engaged Methods: Community Voice and Power-Sharing Guidebook includes links to toolkits to help researchers, practitioners, and policy makers engage community members and other interested parties.
- The Center for Health Care Strategies' (CHCS) Community Member Engagement Resource Center offers practical guidance to help engage community members in Medicaid policy and program design development. It features best practices as well as examples of an array of successful community engagement strategies. CHCS is also leading the Building State Capacity for Community-Informed Policymaking Learning and Action Series initiative. Over the 14-month initiative, CHCS will create and disseminate resources to spread best practices and inform additional state efforts to effectively engage Medicaid members.
- The International Association for Public Participation's Core Values, Ethics, Spectrum—The 3 Pillars of Public Participation describes three elements that support effective public participation. Developed with broad international input, these three pillars cross national and cultural boundaries.
- Seeds for Change's Facilitating Meetings: A Guide to Making Your Meetings Effective, Inclusive, and Enjoyable provides in-depth guidance on the concept of facilitation and how it can help organizers

create positive and successful meetings. This resource includes practical strategies for use before, during, and after meetings.

- The Association of American Medical Colleges: Center for Health Justice's The Principles of Trustworthiness is designed to guide health care, public health, and other organizations as they work to develop relationships and built trust with communities.
- CDC Foundation's Recommendations for Strengthening Partnerships Between Health Departments and Community-Based Organizations draws on the experiences of more than 144 health department and CBO leaders, providing suggestions to strengthen these relationships.
- Resources for Integrated Care features a range of resources to support meaningful member engagement by health plans that serve Medicare and Medicaid dual-eligible individuals. The resources include strategies and promising practices for bringing members' voices and perspectives into plan governance and connecting with and engaging hard-to-reach members.

Appendix A. 42 CFR § 431.12: Medicaid Advisory Committee and Beneficiary Advisory Council

(a) Basis and purpose. This section, based on section 1902(a)(4) of the Act, prescribes State Plan requirements for 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.

(b) State plan requirement. The State Plan must provide for a MAC and a BAC that will advise the director of the single State Agency for the Medicaid program on matters of concern related to policy development and matters related to the effective administration of the Medicaid program.

(c) Selection of members. The Director of the single State Agency for the Medicaid program must select members for the MAC and BAC for a term of length determined by the State, which may not be followed immediately by a consecutive term for the same member, on a rotating and continuous basis. The State must create a process for recruitment and selection of members and publish this information on the State's website as specified in paragraph (f).

(d) MAC membership and composition. The membership of the MAC must be composed of the following percentage and representative categories of interested parties in the State:

(1) For the period from [insert effective date of the final rule] through [insert date 1 year after the effective date of the final rule], 10 percent of the MAC members must come from the BAC; for the period from [insert date 1 year plus 1 day after the effective date of the final rule] through [insert date 2 years after the effective date of the final rule] 20 percent of MAC members must come from the BAC; and thereafter, 25 percent of MAC members must come from the BAC.

(2) The remaining committee members must include representation of at least one from each of the following categories:

(A) State or local consumer advocacy groups or other community-based organizations that represent the interests of, or provide direct service, to Medicaid beneficiaries.

(B) Clinical providers or administrators who are familiar with the health and social needs of Medicaid beneficiaries and with the resources available and required for their care. This includes providers or administrators of primary care, specialty care, and long-term care.

(C) As applicable, participating Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs as defined in § 438.2, or a health plan association representing more than one such plans; and

(D) Other State agencies that serve Medicaid beneficiaries (for example, foster care agency, mental health agency, health department, State agencies delegated to conduct eligibility determinations for Medicaid, State Unit on Aging), as ex-officio, non-voting members.

(e) Beneficiary Advisory Council. The State must form and support a BAC, which can be an existing beneficiary group, that is comprised 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), to advise the State regarding their experience with the Medicaid program, on matters of concern related to policy development and matters related to the effective administration of the Medicaid program.

(1) The MAC members described in paragraph (d)(1) of this section must also be members of the BAC.

(2) 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.

(f) MAC and BAC administration. The State agency must create standardized processes and practices for the administration of the MAC and the BAC that are available for public review on the State website. The State agency must –

(1) Develop and publish, by posting publicly on its website, bylaws for governance of the MAC and BAC along with a current list of members. States will also post publicly the past meeting minutes of the MAC and BAC meetings, including a list of meeting attendees. States will give BAC members the option to include their names in the membership list and meeting minutes that will be posted publicly.

(2) Develop and publish by posting publicly on its website a process for MAC and BAC member recruitment and selection along with a process for selection of MAC and BAC leadership;

(3) Develop, publish by posting publicly on its website, and implement a regular meeting schedule for the MAC and BAC; the MAC and BAC must each meet at least once per quarter and hold off-cycle meetings as needed. Each MAC and BAC meeting agenda must include a time for members and the public (if applicable) to disclose conflicts of interest.

(4) Make at least two MAC meetings per year open to the public and those meetings must include a dedicated time during the meeting for the public to make comments. BAC meetings are not required to be open to the public, unless the State's BAC members decide otherwise. The public must be adequately notified of the date, location, and time of each public MAC meeting and any public BAC meeting at least 30 calendar days in advance of the date of the meeting.

(5) Offer a rotating, variety of meeting attendance options. These meeting options are: all in-person attendance, all virtual attendance, and hybrid (in person and virtual) attendance options. Regardless of which attendance type of meeting it is, States are required to always have, at a minimum, telephone dial-in option at the MAC and BAC meetings for its members. If the MAC or BAC meeting is deemed open to the public, the State must offer at a minimum a telephone dial-in option for members of the public;

(6) Ensure that the meeting times and locations for MAC and BAC meetings are selected to maximize member attendance and may vary by meeting; and

(7) Facilitate participation of beneficiaries by ensuring that that meetings are accessible to people with disabilities, that reasonable modifications are provided when necessary to ensure access and enable meaningful participation, and communications with individuals with disabilities are as effective as with others, that reasonable steps are taken to provide meaningful access to individuals with Limited English Proficiency, and that meetings comply with the requirements at § 435.905(b) of this chapter and applicable regulations implementing the ADA, Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act, and section 1557 of the Affordable Care Act at 28 CFR part 35 and 45 CFR parts 80, 84 and 92, respectively.

(g) MAC and BAC participation and scope. The MAC and BAC participants must have the opportunity to advise the director of the single State Agency for the Medicaid program on matters related to policy development and matters related to the effective administration of the Medicaid program. At a minimum, the MAC and BAC must determine, in collaboration with the State, which topics to provide advice on related to -

(1) Additions and changes to services;

(2) Coordination of care;

(3) Quality of services;

(4) Eligibility, enrollment, and renewal processes;

(5) Beneficiary and provider communications by State Medicaid agency and Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs as defined in § 438.2;

(6) Cultural competency, language access, health equity, and disparities and biases in the Medicaid program;

(7) Access to services; and

(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.

(h) State agency staff assistance, participation, and financial help. The single State Agency for the Medicaid program must provide staff to support planning and execution of the MAC and the BAC to include -

(1) Recruitment of MAC and BAC members;

(2) Planning and execution of all MAC and BAC meetings and the production of meeting minutes that include actions taken or anticipated actions by the State in response to interested parties' feedback provided during the meeting. The minutes are to be posted on the State's website within 30 calendar days following each meeting. Additionally, the State must produce and post on its website an annual report as specified in paragraph (i) of this section; and

(3) The provision of appropriate support and preparation (providing research or other information needed) to the MAC and BAC members who are Medicaid beneficiaries to ensure meaningful participation. These tasks include –

(i) Providing staff whose responsibilities are to facilitate MAC and BAC member engagement;

(ii) Providing financial support, if necessary, to facilitate Medicaid beneficiary engagement in the MAC and the BAC; and

(iii) Attendance by at least one staff member from the single State Agency for the Medicaid program's executive staff at all MAC and BAC meetings.

(i) Annual report. 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 [insert the effective date of the final rule] to finalize the first annual MAC report. After the report has been finalized, States will have 30 days to post the annual report.

(j) Federal financial participation. FFP is available at 50 percent of expenditures for the MAC and BAC activities.

(k) Applicability dates. Except as noted in paragraphs (d)(1) and (i)(3) of this section, the requirements in paragraphs (a) through (j) of this section are applicable [insert date 1 year after the effective date of this final rule].

Applicability Dates

Regulation Section(s) in Title 42 of the CFR	Applicability Dates*
Medicaid Advisory Committee (MAC) & Beneficiary Advisory Council (BAC) § 431.12	Establishment of MAC and BAC: 1 year after the effective date of the final rule. BAC crossover on MAC: For the period from the effective date of the final rule through 1 year after the effective date, 10 percent; for the period from year 1 plus one day through year 2 after the effective date of the final rule, 20 percent; and thereafter, 25 percent of committee members must be from the BAC. Annual report: States have 2 years from the effective date of the final rule to finalize the first annual report. After the report has been finalized, States will have 30 days to post the annual report.

[a] In the 2024 Access Final Rule and this tool, we use the term "applicability date" to indicate when a new regulatory requirement will be applicable and when states must begin complying with it.