

UTAH BENEFICIARY ADVISORY COUNCIL

BY-LAWS

ARTICLE I. NAME AND LOCATION

Section 1. The name of the committee shall be the Utah State Beneficiary Advisory Council (BAC).

Section 2. Its principal office shall be in the Utah Department of Health and Human Services, Division of Integrated Healthcare (DIH), 288 North 1460 West, P.O. Box 143103 Salt Lake City, UT 84114-3103.

ARTICLE II. LEGAL AUTHORITY

Section 1. The requirement for the BAC is set forth in the Federal Regulations at 42 CFR 431.12:

“(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.”

ARTICLE III. AUTHORITY TO ESTABLISH BENEFICIARY ADVISORY COUNCIL

Section 1. The authority to appoint advisory council members to the BAC is vested in the Medicaid Director within the Department of Health and Human Services (Department) or a higher State authority.

Section 2. The authority to appoint the BAC extends from federal law, which requires an advisory committee as a condition to the receipt of federal funds by the Department.

ARTICLE IV. PURPOSE

Section 1. The BAC’s purposes are:
(a) to advise the Department regarding their experience with the Medicaid program on matters of concern related to policy development; and,

(b) to advise the Department regarding their experience with the Medicaid program on matters related to the effective administration of the Medicaid program.

ARTICLE V. FUNCTION

Section 1. 42 CFR 431.12 (g) states, “The MAC and BAC participants committee 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.”

Section 2. The functions of an "advisory council" are to advise and make recommendations to the Department and as requested by the Department to other agencies that contract with the Department to provide services in connection with administering the Medicaid Program. The council must have an opportunity for participation in policy development and program administration.

ARTICLE VI. COUNCIL COMPOSITION

Section 1. The composition of the BAC is important. 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).

Moreover, it is equally essential that the BAC composition reflects the diversity of interests, perspectives, and backgrounds that make up Medicaid beneficiaries. In selecting

and recruiting new members, every effort shall be made to achieve diversity in representation, including, but not limited to diversity in members' age, ethnicity, race, gender, geographic location, and disability. When a seat is open, consideration shall be given to the current composition of the BAC to ensure different experiences, racial and ethnic backgrounds and communities are represented. In addition, when selecting new members, every effort shall be made to ensure individuals from under-represented groups, communities, or identities are aware of the open seat and have equal opportunity to apply.

Section 2. The BAC should be composed of at least 7 but no more than 15 members. The Medicaid Advisory Committee (MAC) members described in the MAC bylaws Article VI Section 2 must also be members of the BAC.

ARTICLE VII. MEMBERSHIP AND APPOINTMENT

Section 1. Appointments to the BAC shall be made by the Medicaid Director.

Section 2. Appointments for the BAC shall be for six-year terms. Members cannot serve for a consecutive term.

Section 3. Appointments shall be staggered to maintain membership continuity.

Section 4. The Department shall contact provider, consumer, and community organizations for recommended appointees. Recommendations may also be solicited from the MAC and BAC. Nominees for appointments shall submit a brief biography and either a resume or curriculum vitae to the MAC/BAC Manager.

Section 5. BAC members are expected to attend meetings regularly. If a member misses three consecutive meetings without good reason, the Executive Committee shall declare a vacancy to exist and request the Medicaid Director to appoint another person to the committee to fill the vacancy. The dismissed member has the option to request to be considered to fill the vacancy.

ARTICLE VIII. QUALIFICATIONS AND RESPONSIBILITIES

Section 1. Qualifications: Members are chosen for their demonstrated interest in the healthcare of Utahns. Interest and activities do not have to be specifically in the area of the BAC concerns; in fact, it may be well to include some members with varied experience in civic affairs.

Other characteristics to be considered in selecting BAC members include:

- (a) Ability to place interests of the Department's total clientele above special interests.
- (b) Ability to serve as an effective intermediary between the Department and special group(s) a member may represent.
- (c) Interest, willingness, and time to work in the program area of concern to the BAC.
- (d) Commitment to support the BAC.
- (e) Receptivity to new ideas.
- (f) Objectivity of candidate.
- (g) Courage to express ideas and defend convictions.
- (h) Ability to work cooperatively with others.
- (i) Respect for the integrity and ability of others.
- (j) Personal integrity.
- (k) Ability to accept community pressures and criticisms.
- (l) Ability to grow in knowledge and character.

All of these characteristics are rarely found in one individual. Therefore, members should be selected to complement each other. If a committee has been chosen wisely, it will have the experience, wisdom, and potential to contribute to the Department's progress.

Section 2.

Responsibilities: Responsibility is fundamental to committee action. This includes:

- (a) Bringing concerns of the community to the attention of the Chairperson.
- (b) Taking part in discussions.
- (c) Helping the BAC analyze problems and develop recommendations.
- (d) Completing assigned tasks or, if unable to do so,

informing the Chairperson of the inability to meet a due date.

- (e) Attending meetings regularly and preparing for meetings in advance by reading circulated materials and/or conferring with Department personnel and other resource people.

Section 3. Responsibilities of the Department to BAC members.

- (a) Clearly defining Departmental expectations of BAC members.
- (b) Providing opportunities and ample time to respond and advise on proposed programs, policies, regulations, and budget priorities.
- (c) Responding to BAC's advice and justifying why advice may not be taken.
- (d) Understanding and accepting the committee member and the public as a partner in the decision-making process.
- (e) Providing staff assistance from the agency and independent technical assistance as needed to enable the BAC to make effective recommendations.
- (f) Providing financial arrangements, if necessary, to make possible the participation of consumers or their parent/caretaker relatives.
- (g) Assurance that committee feedback is taken into consideration.

ARTICLE IX. MEETINGS

Section 1. The BAC shall meet a minimum of six times each year, unless otherwise determined by the BAC, in a location and at a time determined by the Executive Committee. The BAC must meet separately from the MAC and in advance of each MAC meeting to ensure BAC member preparation for each MAC meeting. Robert's Rules of Order will be used in conducting BAC meetings.

Section 2. Special meetings may be called by the Chairperson or Vice Chairperson of the BAC.

- Section 3. Notice of the time, agenda, and place of all meetings shall be e-mailed by the MAC/BAC Manager (DIH staff person assigned to the MAC and BAC), under the direction of the Chairperson, to each member at least five (5) business days prior to the date of each meeting.
- Section 4. The Chairperson, with input from the Medicaid Director and the MAC/BAC Manager, shall determine the agenda. Once the agenda is e-mailed to BAC members, it shall not be changed unless agreed to by a majority of the committee. Time should be allowed at each meeting for presentations of special items by individual members.
- Section 5. A quorum for the transaction of business at any regular or special meeting shall consist of a majority of the members of the BAC. BAC members are considered present to transact business if they join the meeting in person, on the telephone or by video conference. Only BAC members may vote.
- Section 6. Meetings of the BAC are not required to be open to the public unless the Chairperson of the BAC decides otherwise. If the BAC holds a public meeting, the date, location, and time must be made public 30 days in advance of the meeting. An open meeting must abide by the Utah Open and Public Meetings Act.
- Section 7. At least one staff member from the Medicaid program's executive staff must be in attendance at all BAC meetings.

ARTICLE X. OFFICER AND COMMITTEE

- Section 1. The Chairperson and Vice Chairperson shall be the only officers of the BAC. The MAC/BAC Manager shall attend the Executive Committee meetings. The Vice Chairperson shall be elected by the BAC for a period of two years, after which time shall automatically become the Chairperson for a period of two years. The Chairperson may not succeed unless appointed as an interim officer.
- Section 2. The Chairperson and/or Vice Chairperson shall call and preside at all meetings and shall be ex-officio members of all subcommittees. The Chairperson will be required to vote in the event of a tie. The Vice Chairperson shall vote on all motions, resolutions and issues before the BAC, unless presiding at the meeting.
- Section 3. The BAC shall elect its Chairperson and Vice Chairperson every two years at its August meeting. The Chairperson and Vice Chairperson shall appoint a member at large to serve on the Executive Committee for the duration of the term, but not for

more than two years. In the event a Chairperson or Vice Chairperson cannot fill his/her term of office, an interim officer(s) shall be elected by the BAC to fill that term of office.

Section 4. The BAC shall have a three-person Executive Committee. The Executive Committee shall be composed of the Chairperson, Vice Chairperson, and member at large and staffed by the BAC Manager.

The Executive Committee shall meet between meetings of the BAC as necessary and shall assist the Chairperson in carrying out the day-to-day functions and responsibilities of the BAC.

Section 5. The Chairperson may appoint subcommittee(s) to do specific work for the BAC. Each subcommittee shall report its findings and recommendations to the BAC.

ARTICLE XI. DEPARTMENT PERSONNEL

Section 1. The Medicaid Director shall provide technical assistance to the BAC.

Section 2. The Agency shall provide the Committee with:

- (1) a MAC/BAC Manager;
- (2) other staff assistance from the agency and independent technical assistance as needed to enable the BAC to make effective recommendations;
- (3) financial arrangements, if necessary, to make possible the participation of recipient members;
- (4) secretarial staff that have the ability to synthesize minutes into concise form. BAC members have the option to include their names in the membership list and meeting minutes that will be posted publicly. Member names will not be added to the membership list or meeting minutes unless the member has given permission to the Department. BAC meetings will not be recorded; and
- (5) extra staffing for special projects, etc., which must be authorized by the Medicaid Director.

Section 3. BAC members shall be e-mailed minutes, agenda, meeting notices, etc., five (5) business days before meetings. In preparation for meetings, the Department shall supply material in advance so

that the BAC members may be better informed. Requests by the BAC for special services or information shall be made to the MAC/BAC manager. Requests for information should be handled as expeditiously as possible.

ARTICLE XII. CONFLICT OF INTEREST

Section 1. BAC members who have personal financial interests, other than fees for providing health services that would benefit from any MAC or BAC actions or recommendations must declare the conflict and disqualify themselves from voting on topics which relate to such funds or services.

ARTICLE XIII. REIMBURSEMENT OF EXPENSES

Section 1. 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 the Department.

ARTICLE XIV. REPORTS AND RECOMMENDATIONS

Section 1. Councils normally strive for a consensus of opinion and a majority report which reflects the wishes of as many of its members as possible. However, the opinions of members who disagree with a BAC position should be recognized. These members may prepare minority reports. The MAC/BAC Manager may be called upon to assist BAC members in preparing both majority and minority reports.

Section 2. BAC reports and recommendations agreed to by a majority of the members should be submitted through the Chairperson of the BAC to the Department.

Section 3. Minority reports should be submitted in the same manner as majority reports.

ARTICLE XV. PRESS STATEMENTS

Section 1. All press statements by the BAC shall reflect the majority opinion of the BAC and be issued through the Chairperson or designee.

Section 2. The Department's Public Information Officer should be informed of any such press statements. This can be done through the Medicaid Director.

ARTICLE XVI. RECORDS AND MINUTES

Section 1. Permanent records of all official actions, minutes, reports, reference material, etc., shall be maintained by the MAC/BAC Manager and shall be available for BAC reference as provided by law.

ARTICLE XVII. AMENDMENTS

Section 1. Proposals for amendments to these organizational guidelines may be initiated by the Chairperson, members of the BAC, or the MAC/BAC Manager.

Section 2. Each proposed amendment must be submitted in writing to the Chairperson and referred by him/her to the BAC as a whole.

Section 3. BAC members shall receive proposed amendments at least five (5) days prior to the next meeting of the BAC.

Section 4. Amendments shall become effective and a part of these organizational guidelines upon receipt of an affirmative vote of a majority of the BAC members.

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