

PLEASE DO NOT ACCEPT CHANGES. I WILL
PROVIDE A CLEAN DOCUMENT AND A
MARKED UP DOCUMENT FOR REFERENCE.
Changes from MCAC to MAC have already been
accepted.

UTAH MEDICAID ADVISORY COMMITTEE AND
BENEFICIARY ADVISORY COUNCIL

BY-LAWS

ARTICLE I. NAME AND LOCATION

Section 1. The name of the committee shall be the Utah State Medicaid Advisory Committee (MAC) and 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 MAC from Section 1902 (a) (4) of the Social Security Act which states in part:

"A State plan for medical assistance must include descriptions of

- (a) the kinds of professional personnel and supporting staff that will be used in the administration of the plan and the responsibilities they will have,
- (b) other standards and methods that the state will use to assure that medical or remedial care and services provided for recipients of medical assistance are of high quality."

Section 2. The present policy on State Medicaid Advisory Committee and Beneficiary Advisory Council 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 MEDICAID ADVISORY COMMITTEE AND BENEFICIARY ADVISORY COUNCIL

- Section 1. The authority to appoint advisory committee and council members to the MAC and 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 M A C and 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 Utah State Medicaid Advisory Committee's purposes are:
- (a) to formulate and recommend policies, analyze programs, and review services provided recipients under the Medicaid program.
 - (b) to improve and oversee the quality and quantity of the services provided under Medicaid.
 - (c) to provide a two-way channel of communication among the individuals, organizations, and institutions in the state that, with the Division, provide and/or pay for medical care and services.
 - (d) to facilitate the democratic process, create public understanding, and ensure that state services meet the needs of the people served at a reasonable cost to the taxpayer.
 - (e) to plan for future medical assistance programs or discontinuance of existing programs when appropriate.
- Section 2. The Utah State Beneficiary Advisory Council'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. The MAC subscribes to the recommendations set forth in the guidelines in 2-30-00--2-30-20 of the Federal Medical Assistance Manual.

Section 2.

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 3.

The functions of an "advisory committee or 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 committee must have opportunity for participation in policy development and program administration.

ARTICLE VI. COMMITTEE AND COUNCIL COMPOSITION

Section 1.

The composition of the MAC is important. If the MAC is to achieve quality and balance, it is essential that it be composed of people with a good knowledge of Department programs, an understanding of the Medicaid program and the governmental processes involved in engaging with Medicaid programs, and that leaders within the various interest groups be added to the MAC. Moreover, it is equally essential that the MAC composition reflects the diversity of interests, perspectives,

and backgrounds that make up Medicaid providers and 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 MAC 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 MAC should be composed of at least 15 but not more than 19 members. 25 percent of MAC members must come from the BAC.

Section 3. Not more than 49% of the voting members classified under Section 3 or Section 4 of this Article should be healthcare providers or representatives of providers in the following categories. Representatives from these groups shall advise on behalf of providers statewide, recognizing the diverse interests of providers across the state.

- (a) Physicians
- (b) Dentists
- (c) Pharmacists
- (d) Federally Qualified Health Centers
- (e) Hospitals
- (f) Long Term Services and Supports (alternating representation between facility-based care providers and HCBS/Home Health providers every other three-year term)

Section 4. At least 51% of the voting members classified under Section 3 or Section 4 of this Article shall be "consumers" meaning participants, beneficiaries or those who represent beneficiaries or their families. Medicaid participants shall be given preference over a representative from a consumer advocate group or social service group where practicable. Any consumer representative is expected to represent the diversity of experiences and perspectives of their respective populations:

- (a) Participants or enrollees in Medicaid Services or their parents/caretaker relatives from different Medicaid eligibility groups
- (b) Non-Governmental Social Service Agencies
- (c) Consumer Advocate or Community-Based Groups
- (d) A representative from the Utah Indian Health Advisory Board

- Section 5. One member of the MAC shall be the Executive Director of the Department of Workforce Services or designee.
- Section 6. Members with different ideologies and viewpoints should be encouraged. Different viewpoints, especially in particular areas of concern to the MAC, are valuable and provide a greater degree of credibility to the committee's advice and recommendations.
- Section 7. 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). The MAC members described in Article VI Section 4 must also be members of the BAC.
- Section 8. The BAC should be composed of at least 7 but no more than 15 members.

ARTICLE VII. MEMBERSHIP AND APPOINTMENT

- Section 1. Appointments for both the MAC and BAC shall be made by the Medicaid Director within the Department of Health and Human Services.
- Section 2. Appointments for the MAC and 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. MAC and 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 that he/she be considered to fill the vacancy.
- Section 6. The Medicaid Director within the Department of Health and Human Services may appoint state legislators as ex-officio

members of the MAC. The Medicaid Director may also appoint other ex-officio members and shall designate the other ex-officio members as consumer or provider representatives. Ex-officio members have the same rights as the other committee members, but are not obligated to attend meetings of the committee, and are not counted in determining if a quorum is present.

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 MAC concerns; in fact, it may be well to include some members with varied experience in civic affairs.

Other characteristics to be considered in selecting MAC and 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 MAC and BAC.
- (d) Commitment to support the MAC and 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 MAC and 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. Special contributions of consumer members: Consumers are expected to bring first-hand knowledge to the committee such as:

- (a) Awareness of special problems confronting those seeking help.
- (b) Awareness of community needs for which programs can be developed and improved.
- (c) Knowledge of how to make programs widely known in the community.
- (d) Knowledge of how to design outreach programs for potential consumers who are unaware that they are eligible for services.
- (e) Knowledge of gaps in services.
- (f) Knowledge of barriers to the use of services.
- (g) Knowledge of how to help recipients become informed, intelligent users of services.

Section 4. Responsibilities of the Department to MAC and BAC members.

- (a) Clearly defining Departmental expectations of MAC and

BAC members.

- (b) Providing opportunities and ample time to respond and advise on proposed programs, policies, regulations, and budget priorities.
- (c) Responding to MAC and 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 MAC and 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 MAC shall meet a minimum of six times each year, unless otherwise determined by the MAC. The BAC shall meet a minimum of four times each year, unless otherwise determined by the BAC. The meetings will be held 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 MAC meetings.

Section 2. Special meetings may be called by the Chairperson or Vice Chairperson of the MAC or 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) working days prior to the date of each meeting.

Section 4. The Chairperson, with input from the Director of DIH and the MAC/BAC Manager, shall determine the agenda. Once the agenda is e-mailed to MAC or 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 MAC or BAC. MAC and BAC members are considered present to transact business if they join the meeting in person, on the telephone or by video conference. Only MAC and BAC members may vote.
- Section 6. Meetings of the MAC are open to the public, unless an executive session is called according to the Utah Open and Public Meetings Act.
- Section 7. 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.
- Section 8. At least one staff member from the Medicaid program's executive staff must be in attendance at all MAC and BAC meetings.

ARTICLE X. OFFICER AND COMMITTEE

- Section 1. The Chairperson and Vice Chairperson shall be the only officers of the MAC and BAC. The MAC/BAC Manager shall attend the Executive Committee meetings. The Vice Chairperson shall be elected by the MAC or 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 MAC or BAC, unless presiding at the meeting.
- Section 3. The MAC and BAC shall elect its Chairperson and Vice Chairperson every two years at its August or September 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 MAC to fill that term of office.

Section 4. The MAC 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 MAC Manager.

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

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

ARTICLE XI. DEPARTMENT PERSONNEL

Section 1. The Director of the Division of Integrated Healthcare (DIH) shall provide technical assistance to the MAC and 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 MAC and BAC to make effective recommendations; and
- (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.
- (5) extra staffing for special projects, etc., which must be authorized by the Director of the DIH.

Section 3. MAC and BAC members shall be e-mailed minutes, agenda, meeting notices, etc., five (5) working days before meetings. In preparation for meetings, the Division shall supply material in advance so that the MAC and BAC members may be better informed. Requests by the MAC or 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. MAC and 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 or Division for certain expenses incurred by MAC and 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 DIH.

ARTICLE XIV. REPORTS AND RECOMMENDATIONS

Section 1. Committees and 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 MAC or BAC position should be recognized. These members may prepare minority reports. The MAC/BAC Manager may be called upon to assist MAC or BAC members in preparing both majority and minority reports.

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

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

Section 4. 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 July 9, 2024 to finalize the first annual MAC report. After the report has been finalized, States will have 30 days to post the annual report.

ARTICLE XV. PRESS STATEMENTS

- Section 1. All press statements by the MAC or BAC shall reflect the majority opinion of the MAC or 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 Director of the DIH.

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 MAC and 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 MAC or 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 MAC and BAC as a whole.
- Section 3. MAC and BAC members shall receive proposed amendments at least five (5) days prior to the next meeting of the MCAC.
- Section 4. Amendments shall become effective and a part of these organizational guidelines upon receipt of an affirmative vote of a majority of the MAC or BAC members.

ARTICLE XVIII. MARKETING REVIEW CONSULTATION COMMITTEE

Purpose/Charge: Pursuant to section 4707(a) of the Balanced Budget Act of 1997, the MAC Marketing Review Consultation Committee shall provide consultation to the Division of Integrated Healthcare, Department of Health and Human Services in reviewing health plan marketing materials. Marketing materials include but are not limited to member handbooks, and member information letters and notices.

Membership: 3 to 5 members.
The committee membership shall include a physician and/or

other healthcare professional, Medicaid consumer and/or consumer group representative(s). Members shall be familiar with the health and medical needs of low-income population groups.

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