



Beneficiary Advisory Council State Toolkit: Establishing a Governance Process

Prepared by Manatt Health
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Questions? Email Heather Howard at heatherh@Princeton.edu.

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About Manatt Health

Manatt Health, a division of Manatt, Phelps & Phillips, LLP, is an integrated legal and consulting practice with over 160 professionals in nine locations across the country. Manatt Health supports states, providers, and insurers with understanding and navigating the complex and rapidly evolving healthcare policy and regulatory landscape. Manatt Health brings deep subject matter expertise to its clients, helping them expand coverage, increase access, and create new ways of organizing, paying for, and delivering care. For more information, visit www.manatt.com/ManattHealth.aspx

Toolkit Objectives

This toolkit is intended to support states in planning for implementation of provisions in the Medicaid Program: Ensuring Access to Medicaid Services final rule (“Access final rule”) to establish a Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC).

States may use this toolkit to inform:



Development of a comprehensive governance model for the BAC.



Identification of key steps and timelines involved in implementing the BAC.



Assignment of roles and responsibilities for leadership and participants in the BAC.

Related to this toolkit, for information on communicating within your state agency about the BAC and MAC, please refer to the following resource [here](#).

BAC and MAC Requirements

The Access final rule, finalized by the Centers for Medicare & Medicaid Services (CMS) on April 22, 2024, establishes new requirements that states create a BAC and a MAC, replacing the existing Medical Care Advisory Committee (MCAC) that advises the state on health/medical care services.

*With the BAC and the MAC, CMS seeks to reimagine the MCAC, creating a more formalized way for enrollees and interested parties to provide **bidirectional feedback to the state** about the administration of the Medicaid program.*



The BAC—an advisory group comprised exclusively of Medicaid enrollees and their family members or caregivers—will provide a dedicated forum for people with lived experience of the Medicaid program to (1) identify key issues to bring to the MAC, and (2) advise the state directly on Medicaid policy and administration.



The MAC—a larger advisory group comprised of a diverse group of stakeholders (including a portion of BAC members)—will represent a wide range of perspectives and experiences and serve in an advisory capacity to the state (including through the submission of an annual report).

The BAC and MAC requirements **take effect July 9, 2025, with some requirements phased-in** over a longer period of time.

Illustrative Example: BAC Implementation Steps

★ = State Example(s) on Next Slides

- ★ Identify an **executive sponsor** and **supporting state staff**.
- Establish the **state's vision** for the BAC, in alignment with state Medicaid program goals.
- **Conduct 8-10 interviews** with key internal stakeholders and Medicaid members (prior to BAC selection) **to develop a current state assessment of existing governance, project structures, staffing, challenges and opportunities to improve the way Medicaid advisory groups operate.**

Vision and Current State Assessment
(Suggested Timeline: 2 months)

Draft Governance Model
(Suggested Timeline: 3 months)

- ★ Identify a **community-based or other vendor organization(s)** to support the BAC, if desired/funding is available.
- ★ **Convene people with lived experience of the Medicaid program** to identify how to involve members in the BAC design process and ongoing operations.
 - Begin recruiting BAC members.
 - Based on the current state assessment, **identify topics to be covered in the bylaws and how the BAC will be situated within the state's Medicaid organizational infrastructure.**

- Complete **recruitment of BAC members**.
- **Provide training** to BAC members on engaging in the BAC/orientation to the Medicaid program and agency staff on supporting BAC members.
- ★ **Develop bylaws** with internal/external stakeholders and BAC members.
- ★ **Identify feedback loops** to ensure BAC members feel respected and heard.
- **Begin convening the state staff, vendor/community-based organization(s)** supporting the BAC, as applicable, to **prepare for the first meeting.**

Implementation
(Suggested Timeline: 4 months)

BAC Implementation Steps: State Examples

Identify an executive sponsor and state staff who will be supporting the BAC.



CO, CT, NC, ND, PA, and VA have dedicated state staff to lead and support the BAC.

Identify a community-based or other vendor organization(s) to support the BAC, if desired/funding is available.



CA is leveraging a consultant to set up its BAC. The state has previously partnered with community foundations for financial support of engagement functions that cannot be easily provided through government contracting.

Convene people with lived experience of the Medicaid program to identify how to involve members in the BAC design process and ongoing operations.



MA partnered with a community-based organization to host brainstorming sessions with members, parents, and caregivers for their input on the guidelines for the MassHealth Member Advisory Committee.

Identify feedback loops to ensure BAC members feel respected and heard.



OR's feedback loop for its member advisory committee involves reporting through public minutes how members' feedback was used.

Illustrative Example: BAC Bylaws

Federal Requirements Related to Bylaws in the Access Final Rule

- State agencies are required to develop and post publicly on their website bylaws for governance of the MAC and BAC.
- If a state wants to use an existing group to satisfy the BAC requirements, they will need to ensure that the existing committee's membership meets the membership requirements of the BAC and that the existing committee's bylaws are developed or updated and published to explain that the committee functions to meet the BAC requirements.
- Similarly, all MAC bylaws will need to be developed (or previous committee bylaws revised) to meet the new requirements.

Example Bylaws Components

(Based on the following state examples: [ID](#), [VA](#), and [WI](#))

- Name of the council and location.
- Legal authority.
- Purpose/charge of the council (e.g., improve meaningful access to healthcare services).
- Values and principles (e.g., welcoming and respectful environment, “hard on the problem, not each other”).
- Council composition, including executive sponsor and BAC chairperson/co-chair (and vendor, as applicable).
- BAC member appointment, terms of service, and resignation/replacement policies.
- BAC member and leadership terms.
- BAC member and leadership qualifications and responsibilities.
- Financial and staff assistance available to BAC members.
- Meeting logistics (e.g., attendance, cadence, communication channels, agendas, meeting minutes).
- Rules of order (e.g., voting, quorum).
- Conflict of interest policies
(CMS encourages this in the Access rule).
- Process for reviewing and amending bylaws.

Source: CMS, [Ensuring Access to Medicaid Services](#).

Illustrative Example: Roles/Responsibilities

➤ = Roles and Responsibilities

