

# IDAHO BENEFICIARY ADVISORY COMMITTEE (BAC) BYLAWS

## ARTICLE I. NAME AND LOCATION

**Section 1.** The name of the committee shall be the Idaho Beneficiary Advisory Committee (BAC).

**Section 2.** The principal office of the BAC shall be located within the Idaho Department of Health and Welfare, Division of Medicaid, 450 West State Street, Boise, Idaho, 83702-6056.

## ARTICLE II. LEGAL AUTHORITY

**Section 1.** Section 1902(a)(4) of the Social Security Act, as implemented in 42 CFR 431.12, requires states to maintain a BAC to advise the state Medicaid program on health and medical care services and participate in policy development and program administration. Specifically, "The State plan must provide for 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" 42 CFR 431.12(b).

## ARTICLE III. AUTHORITY TO ESTABLISH THE BENEFICIARY ADVISORY COMMITTEE

**Section 1.** The authority to appoint members to the BAC is vested in the Medicaid Director within the Idaho Department of Health and Welfare (Department).

**Section 2.** The BAC is established as a condition for receiving federal funding under the Medicaid program, as mandated by federal law.

## ARTICLE IV. PURPOSE

**Section 1.** The purpose of the BAC is to:

- A. Advise the Medicaid Director and the Department on policies and programs that affect Medicaid beneficiaries.
- B. Review the quality, access, and availability of services provided to Medicaid beneficiaries and recommend changes or improvements.
- C. Serve as a communication link between Medicaid beneficiaries and the Medicaid program, facilitating feedback from beneficiaries to the Department.
- D. Assist in the identification of gaps in services, barriers to access, and unmet needs within the Medicaid population.
- E. Promote the interests of Medicaid beneficiaries in a fair and impartial manner, ensuring that the Medicaid program addresses their needs.
- F. Participate in discussions of Medicaid program changes, including eligibility, benefits, quality of care, and any new policies or initiatives impacting beneficiaries.

## ARTICLE V. FUNCTION

**Section 1.** The Code of Federal Regulation,  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 committee must have an opportunity for participation in policy development and program administration.

## ARTICLE VI. COMPOSITION


**Section 1.** The BAC shall be composed of a minimum of five (5) and up to twelve (12) members. Members shall reflect the diversity of Medicaid beneficiaries and their communities.

**Section 2.** At least twenty-five (25) percent of the Medicaid Advisory Committee (MAC) must be composed of BAC members. The BAC may designate five (5) representatives to attend and represent the BAC at MAC meetings. BAC representatives to the MAC meetings must hold this role for a period of at least one (1) year (e.g., representing the BAC at MAC meetings).

**Section 3.** BAC members shall include representation from Medicaid beneficiaries and/or their family members/caretakers.

## ARTICLE VII. MEMBERSHIP AND APPOINTMENT

**Section 1.** Members of the BAC shall be appointed by the Medicaid Director.

**Section 2.** Appointments shall be for three-year terms.. 

**Section 3.** The appointment process shall be staggered to ensure continuity of membership. The Department shall solicit recommendations for appointments from

advocacy groups, community organizations, and existing BAC members.

**Section 4.** The BAC shall have a procedure that encourages recruitment from various Medicaid edibility groups, ensuring that all eligible individuals have equal opportunity to apply for open positions.

## ARTICLE VIII. QUALIFICATIONS AND RESPONSIBILITIES

- **Section 1.** BAC members are selected based on their lived experience as Medicaid beneficiaries (or as family members, caregivers of Medicaid beneficiaries) and demonstrated interest in the well-being of Medicaid beneficiaries. BAC members must be a current or former Medicaid beneficiary (within the past 2 years or less), or a family member or caregiver of a Medicaid beneficiary.

Qualifications may include:

- A. Knowledge of Medicaid services and programs.
- B. Ability to represent the needs of Medicaid beneficiaries and their communities.
- C. Commitment to the effective functioning of the BAC.
- D. Ability to collaborate and work cooperatively with others.
- E. Ability to bring community concerns and experiences to the table.

### **Section 2. Responsibilities of BAC members include:**

- A. Attending regular meetings.
- B. Actively participating in discussions and providing input on policy issues.
- C. Representing the interests and concerns of Medicaid beneficiaries.
- D. Assisting with recruitment and outreach efforts to other beneficiaries.
- E. Completing assigned tasks and preparing for meetings.

## ARTICLE IX. MEETINGS

**Section 1.** The BAC shall meet a minimum of four (4) times per year. Additional meetings may be called as needed.

**Section 2.** The BAC Chairperson shall determine the agenda for meetings, in collaboration with the BAC Liaison.

**Section 3.** Notice of meetings, including the time, agenda, and location, shall be sent to BAC members at least five (5) working days in advance by the BAC Liaison.

**Section 4.** A quorum for conducting business shall be a majority of the BAC members. Voting shall be limited to BAC members.

## ARTICLE X. OFFICERS

**Section 1.** The officers of the BAC shall include a Chairperson and a Vice-Chairperson. The Chairperson and Vice-Chairperson shall serve for two-year, non-consecutive terms.

**Section 2.** The Chairperson shall preside over all meetings and ensure that the BAC's recommendations are submitted to the Medicaid Director. The Vice-Chairperson shall preside in the absence of the Chairperson.

## ARTICLE XI. DEPARTMENT SUPPORT

**Section 1.** The Department shall provide technical and logistical support to the BAC, primarily through the BAC Liaison, a Department employee.

**Section 2.** The Department shall provide the BAC with the following support:

- A. Staff assistance as needed for the preparation of reports, recommendations, and BAC governance documents including those required in CFR 431.12.
- B. Financial assistance for consumer members to participate, as necessary.

## ARTICLE XII. CONFLICT OF INTEREST

**Section 1.** BAC members must disclose any conflicts of interest and recuse themselves from voting on matters where they have a financial interest or personal stake.

## ARTICLE XIII. REIMBURSEMENT

**Section 1.** BAC members shall be reimbursed for reasonable expenses incurred while attending BAC meetings, in accordance with state policies.

## ARTICLE XIV. REPORTS AND RECOMMENDATIONS

**Section 1.** Recommendations and reports from the BAC shall be submitted to the Medicaid Program for consideration via BAC representatives to the MAC. Reports may include majority and minority opinions, where applicable.

**Section 2.** The BAC shall contribute to the annual MAC report detailing its activities, discussions, and recommendations. The Department must review and respond to the recommendations within forty-five (45) calendar days.

## ARTICLE XV. AMENDMENTS

**Section 1.** Amendments to these bylaws may be proposed by any BAC member and must be approved by a majority vote of the BAC members.

**Section 2.** Amendments shall become effective immediately following approval unless otherwise specified.