

## Beneficiary Advisory Council (BAC) Recruitment and Selection Process

The following outlines a process for recruiting and selecting members for the Beneficiary Advisory Council (BAC) that aligns with the requirements of 42 CFR § 431.12, ensuring a membership representing the interests of Medicaid beneficiaries.

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### 1. Objective and Purpose

The BAC is formed to provide Medicaid beneficiaries, family members, and caregivers a platform to advise the state Medicaid agency on policy development and the effective administration of the Medicaid program. The recruitment and selection process ensures that individuals with direct experience as Medicaid beneficiaries, or in supporting Medicaid beneficiaries, have an opportunity to participate.

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### 2. Eligibility Criteria

To be eligible for the BAC, individuals must meet the following criteria:

- Be a current or former Medicaid beneficiary (within the past 2 years or less), or a family member or caregiver of a Medicaid beneficiary.
  - Have direct experience with the Medicaid program or provide direct support to Medicaid beneficiaries.
  - Have the ability to represent the interests of Medicaid beneficiaries in policy discussions.
  - Must be willing to attend regular meetings and participate in discussions.
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### 3. Recruitment Process

The recruitment process will ensure broad outreach to diverse groups, particularly underserved communities, to promote equitable representation on the BAC. The recruitment steps include:

- Outreach and Announcements:
  - Public announcements of BAC openings will be posted on the state Medicaid agency's website and shared through social media, community organizations, local health clinics, Medicaid MCOs, and other platforms.

- Printed materials may be distributed to community centers, advocacy groups, Medicaid offices, and other locations where beneficiaries and caregivers are likely to engage.
  - The recruitment materials will clearly explain the purpose of the BAC, eligibility criteria, and the application process.
  - **Application Form:**
    - Interested individuals will complete an application form that asks for basic contact information, eligibility verification (e.g., whether they are a current or former Medicaid beneficiary – within the past 2 years), and a brief statement of interest explaining why they wish to serve on the BAC and how their experiences will contribute to the council's work.
  - **Outreach to Eligibility Groups:**
    - Special attention will be given to ensure representation of individuals from eligibility groups served by Medicaid.
    - Efforts will be made to engage individuals from rural and underserved areas who may not typically have access to or participate in such councils.
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#### 4. Selection Process

The selection process is intended to ensure a transparent method of choosing BAC members that reflects the diversity of Medicaid beneficiaries in the state. The steps include:

- **Review and Evaluation of Applications:**
  - A selection committee, comprising representatives from the state Medicaid agency, current BAC members, and key stakeholder groups, will review applications based on:
    - Relevance of the applicant's experience as a Medicaid beneficiary or caregiver.
    - Ability to represent the interests of a broad spectrum of Medicaid beneficiaries.
    - Commitment to attending meetings and contributing to discussions.
  - The selection committee may consider geographic and disability-related diversity to ensure a broad range of perspectives.
- **Interviews (if applicable):**
  - If the number of applicants exceeds available spots, the selection committee may conduct interviews with shortlisted candidates. Interviews can be conducted in person, by phone, or via video conference, with appropriate accommodations made as needed (e.g., for individuals with

disabilities or LEP).

- **Final Selection:**
    - The selection committee will recommend a slate of BAC members to the Medicaid agency director.
    - The director will review the recommendations and make the final decision on appointments.
    - Appointments will be made for staggered terms, ensuring continuity while allowing for new members to rotate in periodically.
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## 5. Term Length and Rotations

- **Term Length:** BAC members will serve terms as determined by the state Medicaid agency, 3 years.
  - **Staggered Terms:** To maintain continuity, terms will be staggered, with some members serving shorter initial terms to allow for a rotating membership. No member can serve consecutive terms immediately upon completion of their current term.
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## 6. Member Expectations and Responsibilities

- **Regular Attendance:** BAC members are expected to attend at least 75% of meetings each year, either in person, virtually, or by phone.
  - **Active Participation:** Members will actively contribute to the discussions during meetings, offering insights based on their personal experiences or knowledge of Medicaid beneficiaries' needs.
  - **Confidentiality and Conflict of Interest:** BAC members must disclose any potential conflicts of interest before meetings and agree to confidentiality regarding sensitive program information discussed.
  - **Communication:** Members will be expected to engage in communications with the Medicaid agency and other stakeholders between meetings, as needed, though the state Medicaid agency will strive to limit member time to that of scheduled meetings.
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## 7. Transparency and Public Access

- With concurrence of the BAC, the state Medicaid agency will publish the final list of selected BAC members on its website.

- Meeting minutes, including actions taken by the BAC and recommendations made, will be made publicly available on the state Medicaid website.
  - Due to the propensity for confidential and/or Protected Health Information to be shared during the course of BAC meetings, these meetings are closed to the public.
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## 8. Training and Support

- Orientation: New BAC members will receive an orientation session that covers the purpose of the BAC, its roles and responsibilities, and an overview of Medicaid policies and procedures.
  - Ongoing Support: The Medicaid agency will provide members with any necessary research, data, or other resources to support meaningful participation. Additionally, financial support may be provided to beneficiaries or caregivers for travel or other costs associated with their participation.
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