

# IDAHO MEDICAID ADVISORY COMMITTEE BYLAWS

## ARTICLE I. NAME AND LOCATION

- 1) The name of the committee shall be the Medicaid Advisory Committee (MAC).
- 2) The principal office shall be in the Division of Medicaid, Idaho Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702-6056.

## ARTICLE II. LEGAL AUTHORITY

- 1) Section 1902(a)(4) of the Social Security Act, as implemented in [42 CFR 431.12](#), requires states to maintain a MAC to advise the state Medicaid agency on health and medical care services and participate in policy development and program administration. Specifically, "The State plan must provide for a MAC (...) 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 A MEDICAID ADVISORY COMMITTEE

- 1) The authority to appoint committee members to the MAC is vested in the Medicaid Director within the Idaho Department of Health & Welfare (Department) or a higher State authority.
- 2) The authority to appoint the MAC extends from federal law ([42 CFR 431.12\(c\)](#)), which requires an advisory committee as a condition of federal funding for state Medicaid programs.

## ARTICLE IV. PURPOSE, SCOPE, & FUNCTION

- 1) **Purpose:** Per [42 CFR 431.12\(a\)](#), the purpose of the MAC is to, "...advise the State Medicaid agency on matters of concern related to policy development, and matters related to the effective administration of the Medicaid program."
- 2) **Scope.** Per [42 CFR 431.12\(g\)](#), *"The MAC and BAC participants 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."*

- 3) Function.** The function of an "advisory committee" is to advise and make recommendations to the Department and, only as requested in writing by the Department, to other organizations that contract with the Department to provide services in connection with administering the Medicaid Program. For example, pursuant to [Sec. 1932\(d\)\(2\)\(A\)\(ii\)](#), "In the process of reviewing and approving such materials, the State shall provide for consultation with a [Medicaid Advisory Committee]."

## **ARTICLE V. APPLICATION AND APPOINTMENT**

### **1) Application Process**

- a) The Department shall maintain ownership of the MAC application and all its content. The MAC application shall be separate and distinct from the application for the Beneficiary Advisory Committee (BAC), ensuring clarity in the process and eligibility for each committee. The application shall include, but is not limited to, the following information:
  - i) Lobbyist status (individual or organization).
  - ii) Current or anticipated financial interests/contracts with state government/department.
  - iii) Employment and/or advocacy roles as part of regular job duties.
  - iv) Conflict of interest disclosure and obligations as a member.
  - v) Attestation of agreement with the terms, time commitments, expectations, and participation requirements, including attendance at public meetings.
  - vi) Reason(s) for joining the MAC.
  - vii) A brief biography and description of interest in serving on the MAC committee.
  - viii) a resume or curriculum vitae.
- b) The Department shall review the application form at least annually or as needed and with notification to the MAC Chair and Vice-Chair.
- c) Interested individuals who wish to join the MAC may submit their applications for consideration at any time throughout the calendar year.
- d) The Department and MAC shall conduct continuous outreach for recommended appointees.

- e) The Department will publicly post a Member Recruitment and Selection Process per [42 CFR 431.12\(c\)](#).

## 2) Appointments

- a) Appointing authority shall rest with the Medicaid Director, per [42 CFR 431.12\(c\)](#).
- i) The Department values the individual and collective knowledge represented by the MAC membership and will consider the input of the MAC on appointment decisions. The MAC will make recommendations for appointment(s) to the Medicaid Director, in writing and sent by the MAC Chair or Vice-Chair, using the following appointment schedule:

Appointment Start Date	Month	Action
January 1	October MAC meeting	MAC reviews applications received between January 1 - June 30. MAC members discuss applications and vote on selected candidates for appointment.
	November, December	Medicaid Director reviews applications and MAC recommendations from the October meeting. Medicaid Director finalizes appointment decisions and announces new appointments for the January 1 start date.
	January	New MAC members begin their term
Appointment Start Date	Month	Action
July 1	April MAC meeting	MAC reviews applications received between July 1 - December 31. MAC members discuss applications and vote on selected candidates for appointment.
	May, June	Medicaid Director reviews applications and MAC recommendations from the April meeting. Medicaid Director finalizes appointment decisions and announces new appointments for the July 1 start date.
	July	New MAC members begin their term

- b) Appointments shall be considered by the Medicaid Director twice per year to ensure:
- Timely processing of applications,
  - Applicants are not considered in isolation for limited appointments, and
  - The consensus of the MAC in recommendations to the Medicaid Director.
- c) Appointments shall be for a term of three (3) years, which may not be followed immediately by a consecutive term for the same member, on a rotating and continuous basis. Members cannot serve a consecutive term. Appointments shall be made and staggered semi-annually to maintain membership continuity and

knowledge while adhering to requirements outlined in [42 CFR 431.12\(c\)](#).

- d) Appointments shall be made in writing and effective by the date stipulated in the signed appointment letter issued by the Medicaid Director.
- e) The Medicaid Director, in their sole discretion, reserves the authority granted under [42 CFR 431.12\(c\)](#) to appoint members to the MAC at any time and with or without the concurrence of the MAC. In addition, the Medicaid Director may also remove a member from the MAC.
- f) The Medicaid Director 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. Ex-officio members have the same access to information as the other committee members but are not a) obligated to attend committee meetings, b) counted to determine if a quorum is present, or c) eligible to vote on motions.

## **ARTICLE VI. COMMITTEE COMPOSITION**

- 1) The MAC should be composed of a minimum of fifteen (15) members but no more than twenty-four (24) members.
- 2) For the period from July 9, 2025 through July 9, 2026, 10 percent of the MAC members must come from the BAC; for the period from July 10, 2026 through July 9, 2027, 20 percent of MAC members must come from the BAC; and thereafter, 25 percent of MAC members must come from the BAC, per [42 CFR 431.12\(d\)\(1\)](#).
- 3) The composition of the MAC is critical to executing the defined purpose of advising the Department on matters of concern related to policy development, and matters related to the effective administration of the Medicaid program. To achieve quality and balance, it is essential that the MAC reflects the interests, perspectives, and backgrounds that make up Medicaid beneficiaries and providers. To this end, representation from providers serving eligibility groups and Medicaid programs (e.g., duals, aged & disabled) will receive heightened consideration for MAC appointments by the MAC and Department. This includes providers or clinic/health system administrators of primary care, specialty care, and long-term care. Examples include:
  - a) Physicians
  - b) Pharmacists
  - c) Behavioral Health Providers
  - d) Physical Therapy, Occupational Therapy, and/or Speech/Language Therapy Providers
  - e) Federally Qualified Health Centers
  - f) Hospitals
  - g) Long Term Services and Supports, including facility-based providers and Home and Community Based (HCBS) providers

- 4) The remaining committee members must include representation of at least one (1) from each of the following categories and as required by [42 CFR 431.12\(d\)\(2\)](#):
- a) State or local consumer advocacy groups or other community-based organizations that represent the interests of, or provide direct service, to Medicaid beneficiaries.
  - b) Clinical providers or administrators who are familiar with the health and social needs of Medicaid beneficiaries and with the resources available and required for their care. This includes providers or administrators of primary care, specialty care, and long-term care.
  - c) As applicable, participating Medicaid Managed Care Organizations, Prepaid Inpatient Health Plans, Prepaid Ambulatory Health Plans, Primary Care Case Management (PCCM) entities or PCCMs as defined in [§ 438.2](#), or a health plan association representing more than one such plans; and
  - d) Other State agencies that serve Medicaid beneficiaries (for example, foster care agency, mental health agency, health Department, State agencies delegated to conduct eligibility determinations for Medicaid, State Unit on Aging), as ex-officio, non-voting members.
  - e) A representative from the Federally recognized State Tribes (Shoshone-Bannock, Shoshone-Paiute, Coeur d'Alene, Kootenai, Nez Perce).

## ARTICLE VII. QUALIFICATIONS AND RESPONSIBILITIES

- 1) **Qualifications.** Members are chosen for their demonstrated interest, experience, and knowledge of Medicaid programs, policies, and services. Experience with Medicaid does not have to be directly related to the MAC's various areas of interest; in fact, it may be beneficial to include members with varied experience in civic affairs. Other characteristics to be considered in selecting MAC members include:
- a) Commitment to place the interests of the Department's total clientele above individual and special interests.
  - b) Interest, willingness, and time to work on topics or program area(s) of interest to the MAC.
  - c) Open-mindedness, strong communication skills, and the ability to work collaboratively while respecting other' opinions.

All characteristics are rarely found in one individual. Therefore, members should be selected to complement other members' views, knowledge, and experiences. A strategically selected committee will bring the experience, wisdom, and potential to contribute to the Department's progress.

- 2) **Responsibilities.** Committee member responsibility is fundamental to committee action. This includes:
- a) Bringing concerns of the community to the attention of the Chair.
  - b) Taking part in discussions.
  - c) Helping the MAC analyze problems and develop recommendations.
  - d) Completing assigned tasks or, if unable to do so, informing the Chair of the inability to meet a due date.

- e) If unable to attend, identifying a proxy in the voting member's absence to allow for committee business to continue.
- f) Attending meetings regularly. If a member misses three consecutive meetings without good reason, the Medicaid Director shall declare a vacancy to exist and request a recommendation from the MAC 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.

**3) Special contributions of BAC Members.** Beneficiaries and/or their representatives (family members/caregivers) 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 beneficiaries 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 beneficiaries become informed, intelligent users of services.

**4) Responsibilities of the Department to MAC members.** The Department MAC Manager and supporting staff are expected to support the facilitation of the MAC by:

- a) Clearly defining Departmental expectations of MAC members, enforcing any terms and conditions as a function of their appointment.
- b) Providing opportunities and ample time to respond to, and advise on, proposed programs, policies, regulations, and budget priorities.
- c) Responding to MAC member advice or recommendations and justifying why advice may not be taken.
- d) Recognizing committee members as partners in the decision-making process.
- e) Providing staff assistance from the Department and independent technical assistance as needed to enable the MAC to make effective recommendations.
- f) Providing financial arrangements, if necessary, to make possible the participation of Medicaid beneficiaries and/or their family member/caretaker relatives.

## **ARTICLE VIII. MEETINGS**

**1) Meeting Frequency.** The MAC shall meet a minimum of four times each year, unless otherwise determined by the MAC, in a location and at a time determined by the Executive Committee.

**2) Notice of Meeting.** Notice of the time, agenda, and place of all meetings shall be emailed by MAC Manager, under the direction of the Chair, to each member at least thirty (30)



working days prior to the date of each meeting.

- 3) **Agenda Setting.** The Chair and Vice-Chair, with input from the Medicaid Director and the MAC Manager, shall determine the agenda. Time shall also be reserved for public comment per [42 CFR 431.12\(f\)\(4\)](#); public comment on topics not related to the agenda item at hand will be deferred to the public comment period. Agenda's may be amended pursuant to § [74-204](#) (1) (a - c) . Time should be allowed at each meeting for presentations of special items by individual members.
- 4) **Quorum.** A quorum for the transaction of business at any regular or special meeting shall consist of a majority of the members of the MAC. MAC members are considered present to transact business if they join the meeting in person, on the telephone, or by video conference. Only MAC members may vote, excluding ex-officio members. In the case of a tie vote, the Chair shall be the deciding vote to break the tie.
- 5) **Meeting Protocol.** [Robert's Rules of Order](#) will be used in conducting MAC meetings.
- 6) **Public Meetings.** Meetings of the MAC are open to the public, unless an executive session is called according to the Idaho Open Meeting Law, § 74-206. A meeting schedule, meeting agendas, minutes from past meetings, and a list of meeting attendees will be posted publicly on the Department's website.
- 7) **Executive Staff Attendance.** At least one staff member from the Medicaid program's executive staff must attend all MAC meetings per [42 CFR 431.12\(i\)](#).

## ARTICLE IX. OFFICERS AND COMMITTEES

- 1) **Officers.** The Chair and Vice Chair shall be the only officers of the MAC. The MAC Manager shall attend the Executive Committee meetings. The Vice Chair shall be elected by the MAC for a period of three years, after which time shall automatically become the Chair for a period of three years.
- 2) **Presiding Roles.** The Chair and/or Vice Chair shall call and preside at all meetings and shall be ex-officio members of all [sub](#)committees. The Chair will be required to vote in the event of a tie. The Vice Chair shall vote on all motions, resolutions, and issues before the MAC, unless presiding at the meeting.
- 3) **Officer Elections.** The MAC shall elect its Chair and Vice Chair every three years at its October meeting or during the final meeting of the year. The Chair and Vice Chair shall appoint a member-at-large to serve on the Executive Committee for the duration of the member's term, but not for more than three years. In the event a Chair or Vice Chair cannot fill his/her term of office, an interim officer(s) shall be elected by the MAC to fill that term of office.



- 4) **Executive Committee.** The MAC shall have a three-person Executive Committee. The Executive Committee shall be composed of the Chair, Vice Chair, and member-at-large, and shall be staffed by the MAC Manager(s). The Executive Committee shall meet between meetings of the MAC as necessary and shall assist the Chair in carrying out the day-to-day functions and responsibilities of the MAC.
- 5) **Subcommittees.** The Chair may appoint subcommittee(s) to do specific work for the MAC. Each subcommittee shall report its findings and recommendations to the MAC.

## ARTICLE X. DEPARTMENT RESOURCES

- 1) **Department Resources.** In alignment with 42 CFR 431.12(h), the Department shall make available to the Committee:
  - a) A MAC Manager;
  - b) Other staff assistance from the Department and technical assistance as needed to enable the MAC to conduct business and make effective recommendations;
  - c) Reimbursement is provided by the Department for certain expenses incurred by MAC members who are Medicaid beneficiaries and/or their family members/caretakers, such as travel and per diem, and as determined by the Department subject to [42 CFR 431.12\(h\)](#). Financial arrangements for one in-person meeting per calendar year and non-Medicaid beneficiaries and/or their family members/caretakers will be at the sole discretion of the Medicaid Administrator.
  - d) Administrative staff to schedule meetings, coordinate and distribute meeting minutes and MAC products; and
  - e) Additional staff to support special projects and other initiatives with the written authorization of the Medicaid Director.
- 2) **Department Meeting Coordination.** MAC members shall be e-mailed agendas, meeting notices, and any accompanying documents at least 30 days before MAC meetings. etc., In preparation for meetings, the Department shall supply material in advance so that the MAC members may be better informed. Requests by the MAC for special services or information shall be made to the MAC Manager. Requests for information will be handled as expeditiously as possible. Meeting minutes, including follow-up items, will be posted on the Department's website within 30 calendar days following each meeting. Per § 74-205 meeting minutes will include a) all members of the governing body present, b) all motions and their disposition, and c) the results of all votes, and upon request of a member, the vote of each member, by name.

## ARTICLE XI. CONFLICT OF INTEREST

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



- 2) **Declarations.** Each MAC meeting agenda will include time for members and the public (if applicable) to disclose conflicts of interest [42 CFR 431.12\(f\)\(3\)](#).

## ARTICLE XII. ADVISING, RECOMMENDATIONS & REPORTS

- 1) **Formal Advisory Recommendations.** MAC advisory recommendations to the Department are the primary purpose of the committee. To this end, the MAC is limited only to advising the Department through the established process below. Additional reports and recommendations agreed to by a majority of the members should be submitted through the Chair of the MAC to the Department.
- a) All formal advisory recommendations must receive prior consideration by the MAC membership, through a motion and a vote.
  - b) The Chair (or designee) will draft a formal letter synthesizing the recommendation and distribute to the MAC membership for review and comment for a period determined by the Chair. MAC members may choose to have their names included or excluded from the letter.
  - c) Once approved, the Chair will email the letter to the Medicaid Director.
  - d) Within 30 days, the Medicaid Director will return a letter in response to the Chair, acknowledging the advisory letter, any actions taken, and the reasons why advisory recommendations were adopted or not.
- 2) **Minority Reports.** Committees normally strive for a consensus and a majority report or letter which reflects the wishes of as many of its members as possible. However, the opinions of members who disagree with a MAC position should be recognized. These members may prepare minority reports.
- a) Minority reports should be submitted through the same process as described in Article XII, Section 1(a) – (d).
- 3) **Annual Report.** The MAC, with support from the Department, must submit an annual report describing its activities, topics discussed, and recommendations ([42 CFR 431.12\(i\)](#)). The Department must review the report and include responses to the recommended actions. The Department must then:
- a) Provide MAC members with final review of the report;
  - b) 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 Department's responses to the recommendations; and
  - c) Post the report to the Department's website.
  - d) The Department has 2 years from July 9, 2024, to finalize the first annual MAC report. After the report has been finalized, the Department will have 30 days to post the annual report ([42 CFR 431.12\(i\)\(3\)](#)).

## ARTICLE XIII. RECORDS AND MINUTES

- 1) **Records.** Permanent records of all official actions, minutes, reports, reference material, etc., shall be maintained by the MAC Manager and shall be available for MAC reference

as provided by law. All documentation stipulated to be posted publicly will be the responsibility of the MAC Manager.

#### **ARTICLE XIV. AMENDMENTS**

- 1) **Amendments.** Amendments to the bylaws shall be developed in coordination with the Department and the MAC manager and shall be approved by a majority vote, provided a quorum of the membership is present.
  - a) Proposed amendments to the bylaws must be in writing and be presented to the membership at least two (2) weeks prior to the meeting at which the review of and action on the amendments are scheduled.
  - b) Unless otherwise noted, all amendments shall become effective immediately upon adoption and upon signature of the Director of the Medicaid Agency.

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Juliet Charron  
Deputy Director & Medicaid Administrator,  
Idaho Department of Health & Welfare

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Date