

# Launching Beneficiary Advisory Councils and Medicaid Advisory Committees: A Checklist for States

By Anna Spencer and Jamye Chapman, Center for Health Care Strategies

**A**n increasing number of state Medicaid agencies are seeking to partner directly with Medicaid members through organized forums like advisory boards, councils, and committees to inform policy development and program implementation. Members' experiences and perspectives offer important insight, build trust between health care organizations and communities and ultimately, make care more effective.

State-level efforts in community member and family engagement have been steadily growing in recent years. In 2024, the Centers for Medicare & Medicaid Services (CMS) [issued a rule](#) requiring states to establish or strengthen Beneficiary Advisory Councils (BACs) and to reconfigure existing Medical Care Advisory Committees (MCACs) as Medicaid Advisory Committees (MACs) in order to ensure Medicaid member experience and input are integrated into the program and policy decision-making processes.

This checklist outlines major implementation action steps, including corresponding locations in the statute, and organizes them thematically, offering state implementers an at-a-glance checklist to assist in designing and implementing BACs and MACs in compliance with CMS requirements. The guide was developed to assist states participating in the Center for Health Care Strategies' [Building State Capacity for Community-Informed Policymaking Learning and Action Series](#).



## Establishment and Operation

- ☐ Establish a Beneficiary Advisory Council (BAC) composed of current/former Medicaid members, their family members, and caregivers (§ 431.12(a)).
- ☐ Establish a Medicaid Advisory Committee (MAC) composed of representatives from specific categories and an established, annually increasing percentage of BAC members (see “MAC Membership Composition” below) (§ 431.12(a)).
- ☐ Ensure BAC and MAC advise the state Medicaid director on policy development and effective administration (§ 431.12(a)).

## Membership and Selection

### Selection of Members

- ☐ Create and publish a recruitment and selection process for BAC and MAC members and leadership on the state’s website (§ 431.12(c), (f)(2)).
- ☐ Select BAC and MAC members for a term determined by the state, with no consecutive terms (§ 431.12(c)).

#### NOTES

### MAC Membership Composition

#### MACs must include representatives from:

- ☐ The state’s BAC (see composition timeline below).
- ☐ State/local consumer advocacy groups (§ 431.12(d)(2)(A)).
- ☐ Clinical providers or administrators (§ 431.12(d)(2)(B)).
- ☐ Participating Medicaid managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans, primary care case management entities, or health plan associations (§ 431.12(d)(2)(C)).
- ☐ Other state agencies serving Medicaid members (ex-officio, non-voting members) (§ 431.12(d)(2)(D)).

### BAC Membership Composition

- States have wider discretion when assembling their BACs. The rule requires only that BAC members be “current and former Medicaid beneficiaries, their family members, and caregivers.” (§ 431.12(a))

#### MAC/BAC Member Composition Timeline:

- **July 9, 2025 to July 9, 2026:** 10% of MAC members from BAC (§ 431.12(d)(1)).
- **July 10, 2026 to July 9, 2027:** 20% of MAC members from BAC (§ 431.12(d)(1)).
- **After July 9, 2027:** 25% of MAC members from BAC (§ 431.12(d)(1)).

## BAC and MAC Administration and Meetings

- ☐ Develop and publish bylaws, member lists, and past meeting minutes on the state website (§ 431.12(f)(1)).
- ☐ Implement a regular meeting schedule (at least quarterly) and post agendas (§ 431.12(f)(3)).
- ☐ Make at least two MAC meetings per year open to the public with public comment time (§ 431.12(f)(4)).
- ☐ Offer a rotating variety of meeting attendance options (in-person, virtual, hybrid) (§ 431.12(f)(5)).
- ☐ Ensure meeting times and locations maximize member attendance (§ 431.12(f)(6)).
- ☐ Facilitate the full participation of members by ensuring accessibility and compliance with the Americans with Disabilities Act, Title VI, Section 504, and Section 1557 (§ 431.12(f)(7)).

### NOTES

## BAC and MAC Participation and Scope

### Support members to advise on:

- Additions and changes to services (§ 431.12(g)(1)).
- Coordination of care (§ 431.12(g)(2)).
- Quality of services (§ 431.12(g)(3)).
- Eligibility, enrollment, and renewal processes (§ 431.12(g)(4)).
- Beneficiary and provider communications (§ 431.12(g)(5)).
- Cultural competency, language access, health equity, and disparities (§ 431.12(g)(6)).
- Access to services (§ 431.12(g)(7)).
- Other issues impacting health and medical care services (§ 431.12(g)(8)).

### NOTES

## State Agency Staff Assistance and Financial Support

- ☐ Assign staff for planning and execution of BAC and MAC meetings (§ 431.12(h)(1)).
- ☐ Produce and post meeting minutes and an annual report (§ 431.12(h)(2)).
- ☐ Facilitate BAC and MAC member engagement and provide financial support if necessary (§ 431.12(h)(3)).
- ☐ Ensure executive staff attendance at all BAC and MAC meetings (§ 431.12(h)(3)(iii)).

## Reporting

- ☐ Submit an annual report describing activities, topics discussed, and recommendations (§ 431.12(i)).
- ☐ Include state responses to recommendations (§ 431.12(i)).
- ☐ Provide MAC members with final review of the report (§ 431.12(i)(1)).
- ☐ Post the report on the state's website within 30 days of its finalization. (§ 431.12(i)(3)).

### NOTES

## Federal Financial Participation (FFP)

- FFP available at 50% of expenditures for BAC and MAC activities (§ 431.12(j)).

## Compliance Date

- Requirements applicable from July 9, 2025 (§ 431.12(k)).



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