

Partnering with Community-Based Organizations to Support Medicaid Beneficiary Advisory Councils

Anna Spencer, Center for Health Care Strategies, and Vince Sales, Everyday Impact Consulting

Equipped with a deep understanding of Medicaid members' lived experiences and their communities, community-based organizations (CBOs) can play an important role in helping Medicaid agencies strengthen member input, especially through newly established [Beneficiary Advisory Councils](#) (BACs).

During the [Medicaid Beneficiary Advisory Council Learning Series](#), the Center for Health Care Strategies (CHCS) worked with Medicaid leaders from seven states to refine or establish BACs aligned with the Centers for Medicare & Medicaid Services' (CMS) vision for incorporating member perspectives into Medicaid decision-making. As part of this effort, CHCS provided small grants to help participating states partner with a CBO in their state to integrate member insights into BAC design and implementation.

This tipsheet highlights the important contributions CBO partners can make in supporting BACs and outlines key considerations for ensuring effective Medicaid-CBO partnerships.

Roles for CBOs in Supporting Medicaid BACs

CBOs bring essential expertise to the design and operation of Medicaid BACs. Their contributions span outreach, meeting facilitation, capacity building, and long-term BAC sustainability. The examples below highlight approaches used by states and CBO partners in the *BAC Learning Series*.



ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

1. Conduct Outreach and Recruitment

In the final [Access and Eligibility rule establishing BAC requirements](#), CMS encouraged states to recruit BAC members who reflect the full diversity of their Medicaid programs. Many states identified priority populations for inclusion, including Tribal and rural community members, individuals with limited English proficiency, and older adults. CBOs can play an important role in outreach and recruitment to ensure that the broadest range of voices is represented. Their deep community connections enable CBOs to identify and engage Medicaid members from priority populations, promote opportunities to serve on the BAC, and coordinate with other community organizations involved in outreach and recruitment efforts.

Alaska Children’s Trust: Leveraging the Community Partner Network

In collaboration with **Alaska’s** Medicaid agency, [Alaska Children’s Trust](#) (ACT) leveraged its network of partners to convene focus groups with Medicaid members to explore desired BAC design features, the information and skills needed to support BAC members, and effective outreach and recruitment strategies. ACT sought diverse representation across Alaska communities, including parents and caregivers, and successfully engaged 150 individuals and organizations in these sessions.



2. Support BAC Operations

CBOs can assist state Medicaid agencies with [BAC operations](#) to ensure smooth, effective meetings and reduce barriers to participation. By serving as a consistent point of contact, CBOs can support members in their interactions with the agency and help build trust. They can also provide member support before, during, and after BAC meetings, helping members feel prepared and offering an opportunity to debrief BAC discussions. In addition, CBOs can assist with meeting logistics, including addressing accessibility issues for members (e.g., technical support) and coordinating language and interpretation services.

Everyday Impact Consulting: Coordinating Operations of California’s Medi-Cal Member Advisory Committee

Everyday Impact Consulting (EIC) partnered with the **California** Department of Health Care Services (DHCS) to coordinate the [Medi-Cal Member Advisory Committee \(MMAC\)](#), the state’s precursor to the BAC. EIC and DHCS co-developed MMAC meeting content, while EIC managed all meeting logistics and materials development. Working with a translation service, EIC facilitated the translation of all materials into Spanish and coordinated simultaneous interpretation for every meeting. After each session, EIC and DHCS developed internal and external meeting summaries, completed follow-up action items such as post-meeting surveys with members, and processed stipend forms.



3. Serve as Neutral Convenor and Facilitator

Power dynamics between state agencies and community members may naturally surface in BAC discussions. As trusted community entities, CBOs can serve as neutral convenors, helping to bridge communication and organizational gaps and helping Medicaid members — who have historically been excluded from decision-making — feel more included. They can also help develop a shared vision for the BAC, ensuring accountability and elevating the importance of member voice and experience. In addition, CBOs are also well positioned to co-develop agendas, facilitate meetings, formalize group norms and processes, and develop foundational documents, such as charters.



WVP Health Authority: Guiding Oregon’s BAC Discussion

During the BAC design phase, **Oregon’s** Medicaid agency partnered with [WVP Health Authority](#), a provider organization committed to equitable health care delivery. WVP served as a neutral convenor, helping guide the transition from Oregon’s preexisting consumer subcommittee to the new BAC structure. As a trusted community partner, WVP facilitated conversations between Medicaid members and the Oregon Health Authority and supported the co-creation of foundational BAC documents.

4. Build Capacity Across Members and Medicaid Staff

Building member capacity — through regular touchpoints, technical assistance, and education — helps ensure that members can fully participate in BAC meetings. CBOs can support states in developing and administering learning sessions for members on topics such as Medicaid basics and state policymaking and budgeting processes. These capacity-building efforts strengthen members’ understanding of the Medicaid program, promote equitable participation, and support member retention, which is critical for BAC effectiveness. CBOs can also coach Medicaid agency staff on how to effectively engage with members, including cultural competency training and meeting facilitation. Building staff capacity can improve the functioning of the BAC and help shift agency culture, to institutionalize member input within Medicaid policy and decision-making. These efforts also help create BAC environments that are welcoming for all participants.



Consumers for Affordable Health Care: Leading Capacity Building Efforts in Maine

[Consumers for Affordable Health Care \(CAHC\)](#), developed a Medicaid 101 virtual training offered to new BAC members in **Maine**. The curriculum focuses on Medicaid program features, eligibility categories, budgeting, and the policymaking process. Future trainings will focus on upcoming changes to Medicaid eligibility (e.g., work requirements and required verification documentation) and other topics in response to BAC member input.

5. Ensure BAC Sustainability

Over the past year, states have worked diligently to establish the operational aspects of their BACs. As BACs move from their startup phase into ongoing operations, a critical next step is ensuring that member input is effectively translated into meaningful Medicaid program and policy decisions. Limited staff capacity and competing agency priorities, however, may slow BAC momentum. CBOs can serve as staff extenders and thought partners to Medicaid agencies to help sustain BAC operations and engagements. CBOs can maintain communications with BAC members and provide ongoing coaching and support to both Medicaid staff and members. CBOs can also play an important role in ensuring accountability to BAC members by actively monitoring action items and Medicaid responses, as well as collecting data on BAC performance and outcomes. Finally, as BAC members reach the end of their term limits, CBOs can support outreach and recruitment efforts to replace outgoing members.

Considerations for Engaging with Community Partners

The above insights on CBO contributions to BACs reveal key considerations for Medicaid agencies engaging with community partners. The following recommendations translate those lessons into practical guidance for effective collaboration and stronger partnerships between Medicaid agencies and community organizations.

- Assigning CBOs a meaningful role in member engagement activities, rather than box-checking;
- Using transparent and bidirectional communication;
- Practicing cultural humility and competency and ensuring in-language support; and
- Applying a shared decision-making approach to identifying BAC goals and priorities.

Set Clear Goals and Expectations

Transparency around CBO-Medicaid partnership goals and desired BAC outcomes can strengthen the partnership. Clear engagement goals help define tasks and responsibilities for Medicaid, CBO partners, and members, reducing confusion about expectations and accountability.

Establishing formal agreements and procedures can help drive partnership success. Formal contracts or memorandums of understanding will clarify roles and expectations, reduce misunderstandings, and create shared accountability and stability — especially during staff or leadership transitions. Establishing regular check-ins provides an opportunity to assess progress, troubleshoot or shift strategies, and sustain partnership momentum.

Align on Strengths and Assets

Understanding CBOs' expertise and strengths helps ensure a successful partnership. Clearly articulating BAC and member engagement goals enables Medicaid agencies to identify the specific capabilities they need in a CBO partner (e.g., recruiting from specific demographic categories). While CBOs may be well versed in care and service delivery, they may be less familiar with Medicaid processes, regulations, and timelines. Developing a shared understanding of organizational norms can mitigate confusion and frustration. Establishing the best ways to collaborate — including communication styles, team dynamics, and clear roles — fosters accountability and builds mutual trust and equity in the relationship. Both Medicaid agencies and CBOs need to approach partnerships with flexibility, humility, and a learner's mindset to work constructively toward advancing BAC goals.

Center Members in All Engagements

Medicaid agencies and CBOs need to facilitate meaningful connections between members and health care leadership, staff, and consultants to elicit authentic and actionable feedback. By maintaining sustained focus on members' feedback and approaching the work with a collaborative mindset, Medicaid agencies and CBOs can help drive meaningful changes in policy, practices, and system-level solutions.

Looking Ahead

Community-based organizations are valuable partners in the implementation and success of Medicaid beneficiary advisory councils. CBOs can help state agencies reach, engage with, and sustain relationships with Medicaid members in ways that agencies are typically not equipped to do. With a mutual investment of trust, time, and talent, CBO-Medicaid partnerships can create the conditions for a self-sustaining BAC culture and long-term, durable connection between Medicaid members and the state agency.

