

UTAH MEDICAL CARE ADVISORY COMMITTEE

BY-LAWS

ARTICLE I. NAME AND LOCATION

Section 1. The name of the committee shall be the Utah State Medical Care Advisory Committee (MCAC).

Section 2. Its principal office shall be in the Utah Department of Health and Human Services, Division of Medicaid & Integrated HealthCare Financing (DMIHF), 288 North 1460 West, P.O. Box 143103 Salt Lake City, UT 84114-3103.

ARTICLE II. LEGAL AUTHORITY

Section 1. The requirement for the MCAC from Section 1902 (a) (22) of the Social Security Act which states in part:

"A State plan for medical assistance must include descriptions of

- (a) the kinds of professional personnel and supporting staff that will be used in the administration of the plan and the responsibilities they will have,
- (b) other standards and methods that the state will use to assure that medical or remedial care and services provided for recipients of medical assistance are of high quality."

Section 2. The present policy on State Medical Care Advisory Committees is set forth in the Federal Regulations at 42 CFR 431.12:

"(b) *State plan requirement.* A State plan must provide for a medical care advisory committee meeting the requirements of this section to advise the Medicaid agency director about health and medical care services."

"(e) *Committee participation.* The committee must have opportunity for participation in policy development and program administration, including furthering the participation of beneficiary members in the agency program."

ARTICLE III. AUTHORITY TO ESTABLISH ADVISORY COMMITTEE

Section 1. The authority to appoint advisory committee members to the Utah MCAC is vested in the Deputy Executive Director of Healthcare Administration within the Department of Health and Human Services (Department) or a higher State

authority.
Section 2. The authority to appoint the Utah State Medical Care Advisory Committee extends from federal law, which requires an advisory committee as a condition to the receipt of federal funds by the Department.

ARTICLE IV. PURPOSE

Section 1. The Utah State Medical Care Advisory Committee's purposes are:
(a) to formulate and recommend policies, analyze programs, and review services provided recipients under the Medicaid program.
(b) to improve and oversee the quality and quantity of the services provided under Medicaid.
(c) to provide a two way channel of communication among the individuals, organizations, and institutions in the state that, with the Division, provide and/or pay for medical care and services.
(d) to facilitate the democratic process, create public understanding, and ensure that state services meet the needs of the people served at a reasonable cost to the taxpayer.
(e) to plan for future medical assistance programs or discontinuance of existing programs when appropriate.

ARTICLE V. FUNCTION

Section 1. The MCAC subscribes to the recommendations set forth in the guidelines in 2-30-00--2-30-20 of the Federal Medical Assistance Manual.

Section 2. Specific functions of the MCAC are to:
(a) interpret community opinions, attitudes and needs 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;
(b) study programs and services and analyze problems;
(c) provide information and interpretation of programs and budget requests to the public; and
(d) review and recommend changes in programs, policies, regulations and standards, and/or offer new proposals.

Section 3. The functions of an "advisory committee" 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 opportunity for participation in policy development and

program administration.

ARTICLE VI. COMMITTEE COMPOSITION

Section 1.

The composition of the MCAC is important. If the MCAC is to achieve quality and balance, it is essential that it be composed of people with a good knowledge of Department programs, an understanding of the Medicaid program and the governmental processes involved in engaging with Medicaid programs, and that leaders within the various interest groups be added to the MCAC. Moreover, it is equally essential that the MCAC composition reflect the diversity of interests, perspectives, and backgrounds that make up Medicaid providers and beneficiaries. In selecting and recruiting new members, every effort shall be made to achieve diversity in representation, including, but not limited to diversity in members' age, ethnicity, race, gender, geographic location, and disability. When a seat is open, consideration shall be given to the current composition of the MCAC to ensure different experiences, racial and ethnic backgrounds and communities are represented. In addition, when selecting new members, every effort shall be made to ensure individuals from under-represented groups, communities, or identities are aware of the open seat and have equal opportunity to apply.

Section 2.

The MCAC should be composed of at least 15 but not more than 19 members.

Section 3.

Not more than 49% of the voting members classified under Section 3 or Section 4 of this Article should be health-care providers or representatives of providers in the following categories. Representatives from these groups shall advise on behalf of providers statewide, recognizing the diverse interests of providers across the state.

- (a) Physicians
- (b) Dentists
- (c) Pharmacists
- (d) Federally Qualified Health Centers
- (e) Hospitals
- (f) Long Term Services and Supports (alternating representation between facility-based care providers and HCBS/Home Health providers every other three year term)

Section 4.

At least 51% of the voting members classified under Section 3 or Section 4 of this Article shall be "consumers" meaning participants, beneficiaries or those who represent beneficiaries or their families. Medicaid participants shall be given preference over a representative from a consumer advocategroup or social

service group where practicable. Any consumerrepresentative is expected to represent the diversity of experiences and perspectives of their respective populations:

- (a) Participants or enrollees in Medicaid Services or their parents/caretaker relatives from different Medicaid eligibility groups
- (b) Non-Governmental Social Service Agencies
- (c) Consumer Advocate or Community-Based Groups
- (d) A representative from the Utah Indian Health Advisory Board

Section 5.

~~One member of the MCAC shall be the Executive Director of the Department of Human Services or his/her designee.~~ One member of the MCAC shall be the Executive Director of the Department of Workforce Services or his/her designee.

Section 6.

Members with different ideologies and viewpoints should be encouraged. Different viewpoints, especially in particular areas of concern to the MCAC, are valuable and provide a greater degree of credibility to the committee's advice and recommendations.

ARTICLE VII. MEMBERSHIP AND APPOINTMENT

Section 1.

Appointments shall be made by the ~~Executive Deputy~~ Director of ~~Healthcare Administration within~~ the Department of Health and Human Services.

Section 2.

Appointments shall be for three-year terms, with the Department holding the option to appoint an individual to a second term. No MCAC member shall serve more than six consecutive years.

Section 3.

Appointments shall be staggered to maintain membership continuity.

Section 4.

The Department shall contact provider, consumer, and community organizations for recommended appointees. Recommendations may also be solicited from the MCAC.

Section 5.

MCAC members are expected to attend meetings regularly. If a member misses three consecutive meetings without good reason, the Executive Committee, shall declare a vacancy to exist and request the ~~Department Executive Deputy~~ Director of Healthcare Administration 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.

Section 6.

The ~~Executive Deputy~~ Director of Healthcare

Administration within the Department of Health and Human Services may appoint state legislators as ex-officio members of the MCAC. The Executive Deputy Director of the Department of Healthcare Administration may also appoint other ex-officio members and shall designate the other ex-officio members as consumer or provider representatives. Ex-officio members have the same rights as the other committee members, but are not obligated to attend meetings of the committee, and are not counted in determining if a quorum is present.

ARTICLE VIII. QUALIFICATIONS AND RESPONSIBILITIES

Section 1. Qualifications: Members are chosen for their demonstrated interest in the health-care of Utahns. Interest and activities do not have to be specifically in the area of the MCAC concerns; in fact, it may be well to include some members with varied experience in civic affairs.

Other characteristics to be considered in selecting MCAC members include:

- (a) Ability to place interests of the Department's total clientele above special interests.
- (b) Ability to serve as an effective intermediary between the Department and special group(s) a member may represent.
- (c) Interest, willingness, and time to work in the program area of concern to the MCAC.
- (d) Commitment to support the MCAC.
- (e) Receptivity to new ideas.
- (f) Objectivity of candidate.
- (g) Courage to express ideas and defend convictions.
- (h) Ability to work cooperatively with others.
- (i) Respect for the integrity and ability of others.
- (j) Personal integrity.
- (k) Ability to accept community pressures and criticisms.
- (l) Ability to grow in knowledge and character.

All of these characteristics are rarely found in one individual.

Therefore, members should be selected to complement each other. If a committee has been chosen wisely, it will have the experience, wisdom, and potential to contribute to the Department's progress.

Section 2.

Responsibilities: Responsibility is fundamental to committee action. This includes:

- (a) Bringing concerns of the community to the attention of the Chairperson.
- (b) Taking part in discussions.
- (c) Helping the MCAC analyze problems and develop recommendations.
- (d) Completing assigned tasks or, if unable to do so, informing the Chairperson of the inability to meet a due date.
- (e) Attending meetings regularly and preparing for meetings in advance by reading circulated materials and/or conferring with Department personnel and other resource people.

Section 3.

Special contributions of consumer members: Consumers 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 consumers 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 recipients become informed, intelligent users of services.

Section 4. Responsibilities of the Department to MCAC members.

- (a) Clearly defining Departmental expectations of MCAC members.
- (b) Providing opportunities and ample time to respond and advise on proposed programs, policies, regulations, and budget priorities.
- (c) Responding to MCAC's advice and justifying why advice may not be taken.
- (d) Understanding and accepting the committee member and the public as a partner in the decision making process.
- (e) Providing staff assistance from the agency and independent technical assistance as needed to enable the MCAC to make effective recommendations.
- (f) Providing financial arrangements, if necessary, to make possible the participation of consumers or their parent/caretaker relatives.
- (g) Assurance that committee feedback is taken into consideration.

ARTICLE IX. MEETINGS

Section 1.

The MCAC shall meet a minimum of six times each year, unless otherwise determined by the MCAC, in a location and at a time determined by the Executive Committee. Robert's Rules of Order will be used in conducting MCAC meetings.

Section 2.

Special meetings may be called by the Chairperson or Vice Chairperson of the MCAC.

Section 3.

Notice of the time, agenda, and place of all meetings shall be e-mailed by the MCAC Manager (DMIHF staff person assigned to the MCAC), under the direction of the Chairperson, to each member at least five (5) working days prior to the date of each meeting.

Section 4.

The Chairperson, with input from the Director of DMIHF and the MCAC Manager, shall determine the agenda. Once the agenda is e-mailed to MCAC members, it shall not be changed unless agreed to by a majority of the committee. Time should be allowed at each meeting for presentations of special items by

individual members.

Section 5. A quorum for the transaction of business at any regular or special meeting shall consist of a majority of the members of the MCAC. MCAC members are considered present to transact business if they join the meeting in person, on the telephone or by video conference. Only MCAC members may vote.

Section 6. Meetings of the MCAC are open to the public, unless an executive session is called according to the Utah Open and Public Meetings Act.

ARTICLE X. OFFICER AND COMMITTEE

Section 1. The Chairperson and Vice Chairperson shall be the only officers of the MCAC. The MCAC Manager shall attend the Executive Committee meetings. The Vice Chairperson shall be elected by the MCAC for a period of two years, after which time ~~he/she—automatically~~ shall automatically become the Chairperson for a period of two years. The Chairperson may not succeed ~~him/herself~~ unless ~~he or she is appointed as~~ an interim officer.

Section 2. The Chairperson and/or Vice Chairperson shall call and preside at all meetings and shall be ex-officio members of all subcommittees. The Chairperson will be required to vote in the event of a tie. The Vice Chairperson shall vote on all motions, resolutions and issues before the MCAC, unless presiding at the meeting.

Section 3. The MCAC shall elect its Chairperson and Vice Chairperson every two years at its August or September meeting. The Chairperson and Vice Chairperson shall appoint a member at large to serve on the Executive Committee for the duration of the term, but not for more than two years. In the event a Chairperson or Vice Chairperson cannot fill his/her term of office, an interim officer(s) shall be elected by the MCAC to fill that term of office.

Section 4. The MCAC shall have a three person Executive Committee. The Executive Committee shall be composed of the Chairperson, Vice Chairperson, and member at large and staffed by the MCAC Manager.

The Executive Committee shall meet between meetings of the MCAC as necessary and shall assist the Chairperson in carrying out the day to day functions and responsibilities of the MCAC.

Section 5. The Chairperson may appoint subcommittee(s) to do specific

work for the MCAC. Each subcommittee shall report its findings and recommendations to the MCAC.

ARTICLE XI. DEPARTMENT PERSONNEL

Section 1. The Director of the Division of Medicaid & Integrated Healthcare Financing (DMIHF) shall provide technical assistance to the MCAC.

Section 2. The Agency shall provide the Committee with:

- (1) a MCAC Manager
- (2) other staff assistance from the agency and independent technical assistance as needed to enable the MCAC to make effective recommendations; and
[42 CFR 431.12(f) (1)]
- (3) financial arrangements, if necessary, to make possible the participation of recipient members.
[42 CFR 431.12(f) (2)]
- (4) secretarial staff that have the ability to synthesize minutes into concise form.
- (5) extra staffing for special projects, etc., which must be authorized by the Director of the DMIHF.

Section 3.

MCAC members shall be e-mailed minutes, agenda, meeting notices, etc., five (5) working days before meetings. In preparation for meetings, the Division shall supply material in advance so that the MCAC members may be better informed. Requests by the MCAC for special services or information shall be made to the MCAC manager. Requests for information should be handled as expeditiously as possible.

ARTICLE XII. CONFLICT OF INTEREST

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

ARTICLE XIII. REIMBURSEMENT OF EXPENSES

Section 1. Reimbursement is provided by the Department or Division for certain expenses incurred by MCAC members who are consumers of Medicaid services or their parents/caretaker relatives, such as travel and per diem, as determined by the Executive Committee and approved by the DMIHF.

ARTICLE XIV. REPORTS AND RECOMMENDATIONS

Section 1. Committees normally strive for a consensus of opinion and a majority report which reflects the wishes of as many of its members as possible. However, the opinions of members who disagree with a MCAC position should be recognized. These members may prepare minority reports. The MCAC Manager may be called upon to assist MCAC members in preparing both majority and minority reports.

Section 2. MCAC reports and recommendations agreed to by a majority of the members should be submitted through the Chairperson of the MCAC to the Division.

Section 3. Minority reports should be submitted in the same manner as majority reports.

ARTICLE XV. PRESS STATEMENTS

Section 1. All press statements by the MCAC shall reflect the majority opinion of the MCAC and be issued through the Chairperson or his or her designee.

Section 2. The Department's Public Information Officer should be informed of any such press statements. This can be done through the Director of the DMIHF.

ARTICLE XVI. RECORDS AND MINUTES

Section 1. Permanent records of all official actions, minutes, reports, reference material, etc., shall be maintained by the DMIHF MCAC Manager and shall be available for MCAC reference as provided by law.

ARTICLE XVII. AMENDMENTS

Section 1. Proposals for amendments to these organizational guidelines may be initiated by the Chairperson, members of the MCAC, or the MCAC Manager.

Section 2. Each proposed amendment must be submitted in writing to the Chairperson and referred by him/her to the MCAC as a whole.

Section 3. MCAC members shall receive proposed amendments at least five (5) days prior to the next meeting of the MCAC.

Section 4. Amendments shall become effective and a part of these organizational guidelines upon receipt of an affirmative vote of a majority of the MCAC members.

ARTICLE XVIII. MARKETING REVIEW CONSULTATION COMMITTEE

Purpose/Charge: Pursuant to section 4707(a) of the Balanced Budget Act of 1997, the MCAC Marketing Review Consultation Committee shall provide consultation to the Division of Integrated HealthCare ~~Care Financing [currently named the Division of Medicaid & HealthFinancing]~~, Department of Health and Human Services in reviewing health plan marketing materials. Marketing materials include but are not limited to member handbooks, and member information letters and notices.

Membership: 3 to 5 members.

The committee membership shall include a physician and/or other health-care professional, Medicaid consumer and/or consumer group representative(s). Members shall be familiar with the health and medical needs of low-income population groups.

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