

MEDI-CAL MEMBER ADVISORY COMMITTEE (MMAC)

Bylaws

Proposed

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BACKGROUND ON CMS ACCESS RULE AND ESTABLISHMENT OF MMAC

The Department of Health Care Services (DHCS) recognizes the value of including Medi-Cal members as active participants in their health care. Incorporating member perspectives is a crucial step toward advancing health equity and aligns with DHCS' core goal within the DHCS Comprehensive Quality Strategy.

DHCS established the Medi-Cal Member Advisory Committee (MMAC) in 2023; and it will serve as the Beneficiary Advisory Council (BAC) as required by the Centers for Medicare & Medicaid Services (CMS) currently codified at [Title 42 CFR 431.12](#). These Bylaws will constitute the establishment of the MMAC and will govern the conduct of these advisory committee meetings and the transaction of its affairs.

Although this committee is not subject to the Bagley-Keene Open Meeting Act, DHCS will conduct its meetings in the spirit of transparency and public accessibility.

The Medi-Cal Member Advisory Committee (MMAC) purpose is to provide a dedicated forum for Medi-Cal members, their paid or nonpaid caregivers, and family members to share their experiences of the Medi-Cal program and, and to inform on Medi-Cal policy development and program management of the Medi-Cal program.

PUBLIC TRANSPARENCY AND POSTING REQUIREMENTS

To ensure transparency and accessibility for the public and stakeholders, the following information related to the MMAC shall be made publicly available by DHCS.

1. Meeting dates, locations, times, and format (in-person, virtual, or hybrid) for upcoming MMAC meetings will be posted on the DHCS website.
2. Agendas for each scheduled MMAC meeting shall be posted in advance on the DHCS website.
3. Written summaries from each MMAC meeting, including key themes, and recommendations, shall be posted on the DHCS website no later than thirty (30) calendar days following the meeting.
4. Information regarding the recruiting and selection process for MMAC members, including application periods, eligibility criteria, and selection procedures, shall be posted on the DHCS website.

5. All posted materials shall meet accessibility standards, and language assistance, including translations and interpretation services, shall be available upon request to ensure meaningful participation by individuals with limited English proficiency.

MEMBERSHIP GUIDELINES

Membership Composition

1. The MMAC shall consist of more than 10, but no more than 20 members.
2. Members must be either current Medi-Cal members, their paid or nonpaid caregivers, and family members.
3. Members should represent the racial, ethnic, and geographic diversity of the Medi-Cal program, as well as diverse experiences, and include those currently underrepresented at the provider, plan, and state government levels.

Membership Term

1. Each MMAC member shall serve a minimum of a two (2) year term with an option to serve one (1) additional year.
2. Members cannot serve consecutive terms but may serve again after a term has lapsed. In the first year of formation, MMAC member terms will be staggered, with at least half of the members serving full terms and the rest serving at least a one-year term.

MMAC Member Participation on the Medi-Cal Voices and Vision Council

1. CMS requires that a percentage of MMAC members participate in the Medi-Cal Voices and Vision Council (Voices and Vision Council). At least 20 percent of Voices and Vision Council members must also be MMAC members by July 9, 2026. Twenty-five (25) percent of Voices and Vision Council members will also be MMAC members by July 9, 2027.
2. In the first year of formation, three (3) committee members of the MMAC will serve on the Voices and Vision Council. Thereafter, the required participation percentages will be followed.
3. DHCS MMAC staff liaisons will work with members to identify their availability to serve.
4. MMAC members may serve on the Voices and Vision Council, up to two (2) years, optional 1 more year.

Role of Members

The MMAC serves to strengthen member representation in DHCS' Medi-Cal policy development and program administration. While the committee does not hold decision-making authority, members play a vital advisory role. The responsibilities of the MMAC members are to:

1. Provide recommendations informed by their experiences as Medi-Cal members.
2. Provide recommendations for improving enrollment procedures, care quality, and access to care in the Medi-Cal program, among other issues.
3. Identify relevant topics for discussion at MMAC and Voices and Vision Council meetings. Topics may include: a) additions and changes to services; coordination of care; quality of services; eligibility, enrollment, and renewal processes; member and provider communications by State Medicaid agency and Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs as defined in [§ 438.2](#); b) cultural competency, language access, health equity, and disparities and biases in the Medicaid program; c) access to services; and d) other issues that impact the provision or outcomes of health and medical care services in the Medi-Cal program.
4. Committee members who also serve on the Voices and Vision Council will share relevant insights and feedback from that committee's meetings with the MMAC.
5. Review background materials before meetings to support meaningful participation for robust meeting discussions and dialogue.
6. Engage fully and authentically in the MMAC process.
7. Disclose any conflicts of interest at the beginning of each meeting. This includes any personal, professional, or financial interests that may affect their impartiality in participating in discussions or providing recommendations.

COMMITTEE MEMBER SELECTION

1. DHCS shall make the member application available on its website.
2. When there is a vacancy, DHCS shall publish that vacancy and shall recruit.
3. Applications will be reviewed by DHCS staff to identify potential candidates.
4. Applicants who make it through the first round of review will be contacted for interviews.
5. The Director of DHCS shall select MMAC members.
6. DHCS will keep the membership list private, unless MMAC members choose otherwise, whether they want their names made public on the DHCS website.

COMPENSATION AND SUPPORT FOR PARTICIPATION

To ensure equitable and sustained participation will provide compensation or reimbursement for reasonable expenses, including, but not limited to, travel costs (e.g., transportation, lodging, meals); stipends to recognize time and expertise; language interpretation or translation services; and/or assistance with digital access or technology for remote participation.

DHCS shall work with MMAC members to identify the potential impact of compensation on public benefits, including Medi-Cal.

ATTENDANCE AND ABSENCES

Attendance

1. If a member of the MMAC does not attend three regular meetings in any calendar year, their position shall be considered vacant, and the staff liaison shall inform necessary parties to begin recruiting to fill the vacancy.
2. Not all absences may be excused; however, an MMAC member may request a leave of absence as outlined in these Bylaws. A member who cannot attend a meeting shall inform the staff liaison designated by the Office of Communications for DHCS at least 48 hours (two days) before the next meeting.
3. Members should email absences to: MMAC@dhcs.ca.gov.

Leave of Absence

1. A MMAC member may submit a written request stating their reason for doing so to the Director of DHCS for a leave of absence of up to six months, which may be approved at their discretion. The member's term will extend by the period of the leave of absence. The request may be submitted through the staff liaison, who will ensure review.

Resignations

1. Resignations. Any member desiring to resign from the MMAC shall submit their resignation in writing to the Director and the staff liaison.

REMOVAL

1. A member may be removed if they do not attend three regular meetings in any calendar year.
2. A member may be removed if their behavior runs counter to the productivity of the committee.
3. Members will be advised in writing by email or letter by the staff liaison.

CHAIRPERSON ELECTION AND DUTIES

Chairperson Election

The Chairperson shall be selected from among the MMAC members by a majority vote, in accordance with the process outlined below:

1. Before the meeting, when the election will take place, DHCS will notify committee members and invite those interested in running for Chairperson to express their interest.
2. During the MMAC meeting when the election will take place, each candidate will be given 1-2 minutes to briefly share why they are interested in serving as Chairperson.
3. Following the meeting, MMAC members will cast their votes confidentially by a specified deadline via an anonymous online form. Voting will not take place during the meeting. Votes must be submitted within 2 days of the meeting.
4. Each committee member can vote once, and the nominee who has the most votes shall be elected as chairperson. If there is a tie vote, the final decision will be made by the DHCS Director.
5. DHCS will notify all MMAC members of the election results and confirm the new Chairperson within 5 days of the election period's end.

Chairperson Role

The role of the Chairperson is to guide the committee, in partnership with DHCS team, in the following areas:

1. Provide recommendations to the staff liaison regarding agenda items, to support co-design of the agenda.
2. Assist in identifying qualified MMAC member candidates for DHCS Director consideration.
3. Perform such duties as the membership or DHCS may need.

4. The person should be a member of the committee for at least one year prior to their appointment as chairperson.
5. Officers shall serve a two-year term with an option to serve an additional one-year term.

MEETINGS

Frequency and Format

1. The MMAC's regular meetings shall be held at least quarterly.
2. All meetings shall be attended by at least one member of DHCS' executive staff.
3. Meetings may be held all in person, all virtually, or through a hybrid in-person and virtual option.
4. The meeting times and locations may vary by meeting and will be determined by DHCS who will consult with MMAC members to understand their preference. DHCS will ensure that meetings are selected to maximize member attendance, including scheduling evening meetings. A teleconference dial-in option must always be available.

Public Meeting Requirements

1. Meetings do not have to be public.
2. MMAC members will be given the option to include their names in the membership list and minutes, otherwise that information will remain private.
3. Meetings and materials shall be provided to members in a manner that supports their language and ADA requirements.

STAFF SUPPORT AND RESPONSIBILITIES

Role of DHCS Staff Liaison

The MMAC shall have a staff liaison designated by the DHCS Office of Communications. The staff liaison shall coordinate with appropriate parties to:

1. Coordinate the receipt and organization of all materials presented to the MMAC, ensuring they are properly catalogued and accessible to members as needed.
2. Maintain a centralized repository for meeting materials and relevant documents.
3. Compile detailed meeting summaries that capture discussion topics, recommendations, and key action items.

4. Prepare and distribute meeting agendas and packets at least 2 weeks before each meeting, allowing members adequate time for review.
5. Serve as the primary point of contact for MMAC members, assisting with scheduling, addressing member questions, and supporting participation needs.
6. Coordinate language assistance or ADA accommodations as needed to ensure all members can fully participate in MMAC activities.
7. Coordinate compensation, travel arrangements, and reimbursement for MMAC members, as appropriate, to support equitable participation.

ANNUAL REPORT

In collaboration with DHCS, publish an annual report of MMAC and Voices and Vision Council activities, topics, recommendations, and DHCS' responses to recommendations, by August 8, 2026, and every year thereafter.

ADOPTION

This document has been developed by the California Department of Health Care Services and shall serve as the Bylaws of the MMAC. The Bylaws shall go into effect on the ___ day of [Month], in year ____.

Note: Bylaws will go into effect after the Department holds its first meeting for the MMAC committee members on September 3, 2025.