

Medi-Cal Member Advisory Committee (MMAC) Frequently Asked Questions

What is the MMAC?

The Department of Health Care Services (DHCS) established the [Medi-Cal Member Advisory Committee \(MMAC\)](#), a dedicated forum for current Medi-Cal members, their family members, and both paid and unpaid caregivers of Medi-Cal members to provide direct feedback to the DHCS Director and leadership team.

Topics of feedback can include:

- » Additions and changes to covered services;
- » Coordination of care;
- » Quality of services;
- » Eligibility, enrollment, and renewal processes;
- » Enrollee and provider communications;
- » Cultural competency, language access, health equity, and disparities and biases in the Medicaid program;
- » Access to services; and
- » Other issues that impact the provision or outcomes of health and medical services.

How Can I Make a Difference for the Medi-Cal Program?

- » MMAC members offer valuable insights to help improve the Medi-Cal program, ensuring it better meets the needs of members.
- » You will have the opportunity to share your lived experience and perspective navigating the Medi-Cal system.

How many people serve on the MMAC?

- » The MMAC consists of no less than 10 and no more than 20 members at any given time.

When and how often does the MMAC meet?

- » Meetings are held about four times a year, lasting around two hours.

- » Meetings take place in the evening, from 5:30 to 7:30 p.m., to accommodate members' schedules.
- » In addition to these quarterly meetings, there are in-between meetings for technical support, debriefs and/or preparation for upcoming meetings.
- » MMAC members always have the option to join meetings virtually. Additional methods of participation may be made available to maximize attendance.

Do you offer any accommodations for MMAC members?

- » Yes. The application provides further details about available assistance and accommodations to ensure all members can participate.
- » Tech support will be provided prior to each meeting for those who need assistance.

Does DHCS compensate MMAC Members for their time?

- » Yes. DHCS offers one-time compensation for participation in each formal quarterly meeting, this includes in-between meetings to prep/debrief.
- » In addition, MMAC members will receive:
 - A letter of recommendation or reference
 - Opportunities for professional development in the health care system
 - Experience that can be added to your resume

How do I complete an application?

- » If you or someone you know would like to participate, please visit the [MMAC webpage](#) for more information.
- » For questions or help with the application, please email MMAC@dhcs.ca.gov.
- » Upon request, DHCS can offer a paper application, provide it in a language other than English, or assist with translation services by phone.

After I apply, how will know if I have been selected to serve on the MMAC?

- » DHCS will review applications to ensure selected members represent the diversity of Medi-Cal members across the state.
- » If selected for an interview, you will be notified by DHCS.

When can I Submit My Application?

- » Applications are accepted and reviewed on a rolling basis, so you may apply at any time.
- » MMAC composition is continually assessed to maintain broad representation and remain at or below 20 members.
- » Your application will be kept on file for **three years** for future consideration.

About the Department of Health Care Services

- » The [Department of Health Care Services \(DHCS\)](#) is the backbone of California's health care safety net, helping millions of Californians every day. DHCS oversees the Medi-Cal program, which covers nearly 15 million members. Among the programs administered by DHCS are the Medi-Cal Managed Care Program; Mental Health and Substance Use Disorder; California Children's Services; Genetically Handicapped Persons Program; Newborn Hearing Screening Program; Family Planning, Access, Care, and Treatment Program; Program of All-Inclusive Care for the Elderly; and Every Woman Counts. DHCS seeks to improve the quality of and equitable access to Medi-Cal-covered benefits and services.