

MEDI-CAL VOICES AND VISION COUNCIL (VOICES AND VISION COUNCIL)

Bylaws

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BACKGROUND ON CMS ACCESS RULE AND ESTABLISHMENT OF VOICES AND VISION COUNCIL

The Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services (HHS) established requirements under [Title 42 CFR 431.12](#) for states to develop and operate a Medicaid Advisory Committee (MAC) and a Beneficiary Advisory Council (BAC). DHCS established the Medi-Cal Member Advisory Committee (MMAC) in 2023, which will serve as the Beneficiary Advisory Council (BAC).

The Department of Health Care Services (DHCS) recognizes the value of promoting active Medi-Cal member and stakeholder engagement in advising the Department on policy development and matters related to the effective administration of Medi-Cal.

DHCS will ensure dual-directional feedback between the Department and the Medi-Cal Voices and Vision Council (Voices and Vision Council), now serving as the MAC per CMS.

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.

These Bylaws will establish the Voices and Vision Council and govern its meetings and affairs.

PURPOSE

The purpose of the Voices and Vision Council is to advise the DHCS Director on matters relating to policy development and matters related to the effective 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 Voices and Vision Council shall be made publicly available by DHCS.

1. Dates, times, locations, and format (in-person, virtual, or hybrid) of upcoming Voices and Vision Council meetings shall be posted on the DHCS website at least thirty (30) calendar days in advance.

2. Agendas for each scheduled Voices and Vision Council meeting shall be posted in advance on the DHCS website.
3. Written summaries from each Voices and Vision Council meeting, including key themes, recommendations, and public comments (public meetings), shall be posted publicly no later than thirty (30) calendar days following the meeting.
4. Information regarding the recruiting and selection process for Voices and Vision Council 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

The Voices and Vision Council shall consist of no more than 20 members and shall adhere to the following composition requirements:

1. For the period from July 9, 2025 through July 9, 2026, 10 percent of the Voices and Vision Council members must come from the MMAC; for the period from July 10, 2026 through July 9, 2027, 20 percent of Voices and Vision Council members must come from the MMAC; and thereafter, 25 percent of Voices and Vision Council members must come from the MMAC.
2. At least one representative from State or local consumer advocacy groups or other community-based organizations that represent the interests of, or provide direct service, to Medi-Cal members.
 - » At least one representative from clinical providers or administrators who are familiar with the health and social needs of Medi-Cal members and with the resources available and required for their care. This includes providers or administrators of primary care, specialty care, and long-term care.
 - » At least one representative as applicable from participating Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs as defined in [§ 438.2](#), or a health plan association representing more than one such plans.
3. At least one representative from other State agencies that serve Medicaid beneficiaries (for example, foster care agency, mental health agency, health

department, State agencies delegated to conduct eligibility determinations for Medicaid, State Unit on Aging), as ex-officio, non-voting members; and

4. Committee members should reflect the diverse demographics and geographic diversity of Medi-Cal membership.

Membership Term

1. Members cannot serve consecutive terms but may serve again after a term has lapsed.
2. In the first year of formation, Voices and Vision Council member terms will be staggered. At least half the members will serve full 3-year terms, and the rest will serve 2-year terms.

Voices and Vision Council Terms for MMAC Members

1. CMS requires that a percentage of MMAC members participate in the Voices and Vision Council. See the percentages referenced in the Membership Composition.
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 choose the length of the time they serve on the Voices and Vision Council, up to two (2) years, optional 1 more year.

Role of Members

The Voices and Vision Council will represent a wide range of perspectives and experiences and serve in an advisory capacity to DHCS. This group does not have decision-making authority over DHCS policy. The responsibilities of the Voices and Vision Council are to:

1. Provide recommendations on selected 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.

2. Provide recommendations for improving enrollment procedures, care quality, and access to care in the Medi-Cal program, among other issues.
3. Ensure MMAC members who also serve on the Voices and Vision Council are included in sharing relevant insights and feedback from the MMAC meetings.
4. Review background materials in preparation for robust meeting discussions and dialogue.
5. Participate fully and authentically in the Voices and Vision Council process.
6. 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 Voices and Vision Council members.
6. Voices and Vision Council membership will be made public on the DHCS website.

ATTENDANCE AND ABSENCES

Attendance

1. If a member of the Voices and Vision Council is absent from 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. Absences may not be excused; however, a Voices and Vision Council 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 DHCS Office of Communications at least 48 hours before the next meeting.
 - a. Members who are not attending meetings, not responding to the staff liaison, and not completing required tasks (such as surveys or email

confirmations) will be considered disengaged and evaluated to determine whether their absences may be excused.

3. Members should email their absence to:

VoicesandVisionCouncil@dhcs.cs.gov.

Leave of Absence

1. A Voices and Vision Council member may submit a written request to the Director of DHCS for a leave of absence of up to six months, which may be approved at the Director's discretion. The member's term will extend by the period as the leave of absence. The request should be provided to the staff liaison, who will ensure Director review.

Resignations

1. Any member desiring to resign from the Voices and Vision Council shall submit their resignation in writing to the Director via 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 Voices and Vision Council 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 Voices and Vision Council meeting when the election will take place, each candidate will be given 1-2 minutes during the meeting to briefly share their interest in serving as Chairperson.
3. Following the meeting, Voices and Vision Council 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 Voices and Vision Council members of the election results and confirm the new Chairperson within 5 days of the election period's end.

Chairperson Role

The Chairperson shall be selected from among the Voices and Vision Council members by a majority vote, in accordance with the process outlined in the Chairperson Election section. That person's role is to:

1. Provide recommendations to the staff liaison regarding agenda items, informed by the MMAC's recommendations and feedback.
2. Assist in identifying qualified Voices and Vision Council 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, except for the first year.
5. Officers shall serve a two-year term with an option to serve an additional one-year term.

MMAC MEMBER PARTICIPATION ON THE VOICES AND VISION COUNCIL

1. CMS requires that a percentage of MMAC members participate in the Voices and Vision Council, as noted under Member Composition.
2. DHCS MMAC staff liaisons will work with members to identify their willingness and availability to serve.
3. MMAC members may be asked to rotate their participation in the Voices and Vision Council. Members are not required to rotate participation, but every effort will be made to encourage varied participation and to accommodate MMAC members' availability to serve.

MEETINGS

Frequency and Format

1. The Voices and Vision Council's regular meetings shall be held at least quarterly.
2. Meetings may be held all in person, all virtually, or through a hybrid in-person and virtual option.
3. The meeting times and locations may vary by meeting and will be determined by DHCS who will consult with Voices and Vision Council 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.
4. All meetings shall be attended by at least one member of DHCS' executive staff.

Public Meeting Requirements

1. At least 2 meetings shall be open to the public each year.
2. The names and identifying information for Voices and Vision Council members will be public. Names and identifying information of committee members who are joining from the MMAC can be de-identified.
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 Voices and Vision Council 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 Voices and Vision Council, 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. Serve as the primary point of contact for Voices and Vision Council members, assisting with scheduling, addressing member questions, and supporting participation needs.

5. Coordinate language assistance or ADA accommodations as needed to ensure all members can fully participate in Voices and Vision Council activities.
6. Coordinate compensation, travel arrangements, and reimbursement for Voices and Vision Council members, as appropriate, to support equitable participation.

ANNUAL REPORT

In collaboration with DHCS, publish an annual report of Voices and Vision Council and MMAC 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 Medi-Cal Voices and Vision Council. The proposed Bylaws will go into effect after the first Voices and Vision Council Meeting.