

Medicaid Advisory Committee & Beneficiary Advisory Council



Citation: 42 CFR § 431.12

MAC & BAC Membership

7-9-24 thru 7-9-25

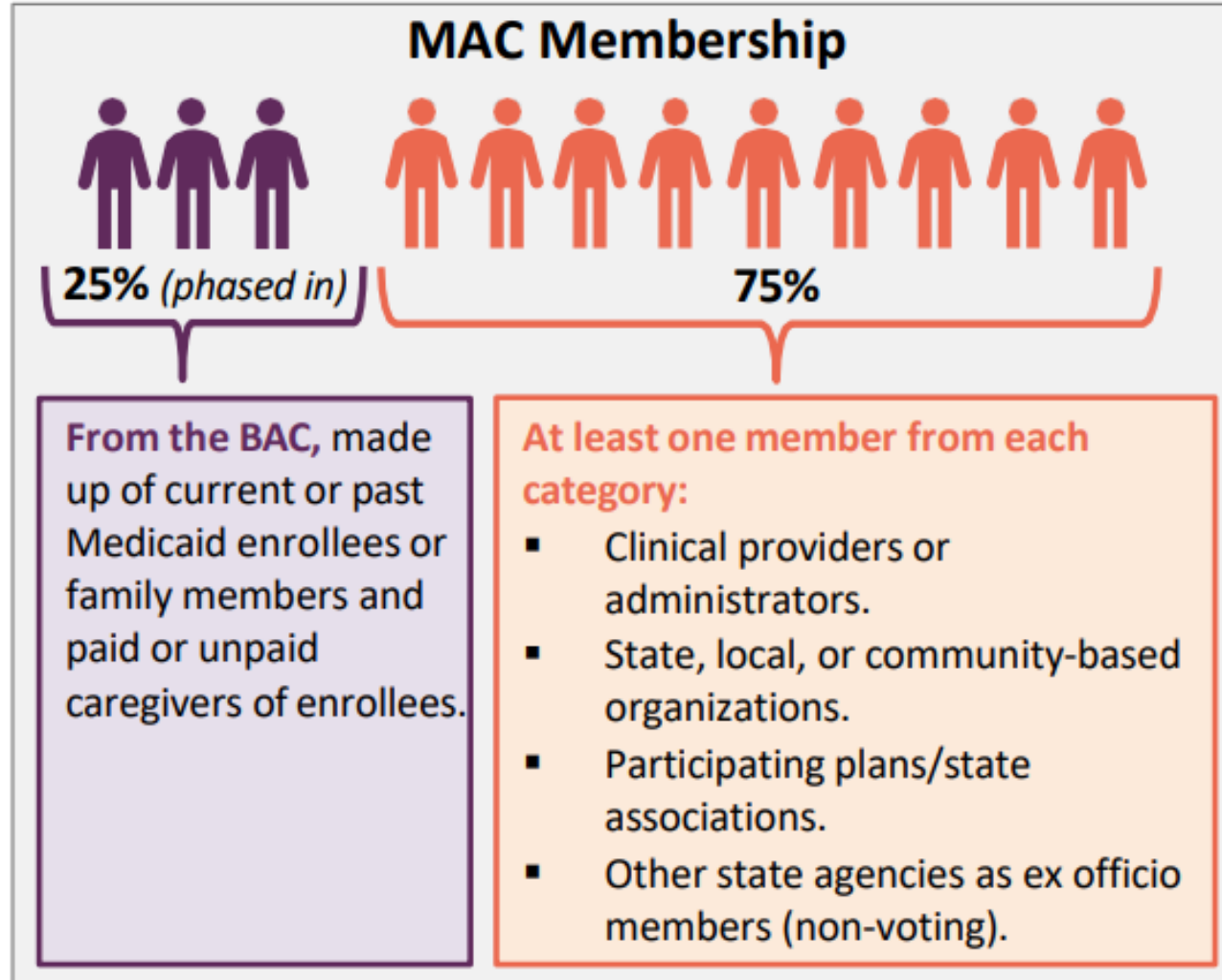
10% - 1 yr after effective date

7-10-25 thru 7-9-26

20% - period from 1 yr + 1 day through yr 2

7-10-26 and beyond

25% - Thereafter



MAC & BAC Administration

Meetings



MAC & BAC are required to EACH meet at least once per quarter



The BAC must meet separately and in advance of MAC meetings



At least 2 MAC meetings per Yr must be open to the public, *with a dedicated time for public comment*



Require state agencies to publicly post information related to MAC and BAC activities



State agency staff support of meetings



MAC & BAC: Scope of Activities

MAC & BAC advise
the Medicaid agency

Service additions,
changes, and quality

Coordination of care

Eligibility, enrollment,
and renewal processes

Beneficiary and provider
communications

Cultural Competency,
language access, health
equity & disparities, &
biases in the Medicaid
program

MAC recommendations
to Medicaid agency in
formal report.

July 9, 2026



MAC & BAC: Future

Bi-Directional Feedback

Vehicles for feedback from interested parties and the State on matters related to effective administration of Medicaid program



Interested Parties Advisory Group

States must establish an advisory group to “advise and consult” on payment rates and access metrics for home care and habilitation services.

New Requirements

Advisory group membership must include, at a minimum:



- DCWs.
- Medicaid enrollees.
- Authorized representatives of Medicaid enrollees.
- “Other interested parties impacted by the services rates in question, as determined by the State” (e.g., unions, family members, HCBS provider agencies, advocacy organizations).

Reporting Requirements

- **Beginning July 2026, the advisory group must meet at least every other year** to issue “recommendations to the Medicaid agency on the sufficiency of ... direct care worker payment rates” under all HCBS authorities (including section 1905(a) state plan services).
- The state must **provide the advisory group with relevant data** on HCBS payment rates and enrollees’ access to services.
- Although the state is not required to adopt the advisory group’s recommendations, **the state must publish these recommendations** along with the biennial report on FFS home care rate transparency.

*Reminder: States may receive a **50% federal match** for expenses related to advisory groups.*

CMS also finalized requirements for a **Medicaid Advisory Committee (MAC)** and a **Beneficiary Advisory Council (BAC)** to advise on a range of Medicaid issues pertaining to eligibility, coverage, payment, etc. States are permitted, but not required, to have the MAC perform the functions of the Interested Parties’ Advisory Group, so long as the MAC satisfies all relevant requirements.



Effective July 9, 2026