

Medical Care Advisory Committee

Bylaws

ARTICLE I. NAME AND LOCATION

Section 1. The name of the committee is the Medical Care Advisory Committee (MCAC), an advisory committee of the Nebraska Department of Health and Human Services (DHHS), Division of Medicaid & Long-Term Care (MLTC).

Section 2. The mailing address of the MCAC is as follows:
Medical Care Advisory Committee
DHHS, Division of Medicaid & Long-Term Care
Nebraska State Office Building, Fifth Floor
301 Centennial Mall South
Lincoln, NE 68509

ARTICLE II. LEGAL AUTHORITY

Section 1. The MCAC is required by federal law, including Section 1902(a)(22) of the Social Security Act, as amended [codified at 42 USC 1396a(a)(4)], and 42 CFR 431.12. Nebraska law, specifically Neb Rev Stat 68-906, adopts these federal provisions as a matter of state law.

Section 2. Pursuant to this authority, the MLTC director shall appoint MCAC voting members, including to fill any vacancies. The MLTC director shall create and administer an application process, and cause it to be made publically available.

ARTICLE III. PURPOSE

Section 1. The purpose of the MCAC is:

- (a) to formulate and recommend policies, analyze and recommend changes in programs, and review services provided to recipients;
- (b) to interpret stakeholder opinions and needs regarding services;
- (c) to provide a two-way channel of communication among the individuals, organizations, and facilities in Nebraska interested in care and services;
- (d) to review health plan marketing materials, including but not limited to member handbooks and member information letters and notices;
- (e) to facilitate the representative process, create public

understanding, and ensure that services meet the needs of Nebraskans served at a reasonable cost to the taxpayers; and,

- (f) to review or act in accordance with any other applicable law or directive.

Section 2. The MCAC is an advisory committee. Specifically, the MCAC may advise and make recommendations regarding Nebraska Medicaid. The committee shall have the opportunity to participate in policy development and program administration; however, the MCAC is not a policymaking body.

ARTICLE IV. COMMITTEE STRUCTURE

Section 1. It is important that the MCAC include a diversity of interests, perspectives, and backgrounds, for both beneficiaries and providers. It is also important that the MCAC include Nebraskans with a general understanding of DHHS programs, in general, as well as Nebraska Medicaid in particular.

Other characteristics to be considered include:

- (a) ability to place interests of DHHS's total clientele above specific interests;
- (b) ability to service as an effective intermediary between DHHS and specific group(s) a member may represent;
- (c) interest, willingness, and time to contribute;
- (d) commitment to support the MCAC;
- (e) receptivity to new ideas;
- (f) objectivity;
- (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; and,
- (l) ability to grow in knowledge and character.

All of these characteristics are rarely found in one individual. Therefore, voting members shall be selected to complement each other. If a committee has been chosen wisely, it will have the experience, wisdom, and potential to contribute.

Section 2. The MCAC shall include seventeen (17) voting members as follows:

- (a) Nine (9) of the voting members shall consist of beneficiaries or advocates of beneficiaries, specifically families with children, persons

receiving behavioral health services, persons receiving disability services, persons associated with consumer or patient advocacy groups, persons associated with a tribe or tribal community, and persons who live in a rural or frontier area; and

- (b) Eight (8) of the voting members shall consist of providers, such as physicians; hospitals; pharmacists; FQHCs/RHCs; nursing facilities; behavioral health providers; dental providers; outpatient, physical, or speech therapy; and, long-term care providers, with at least one person from each of the following provider types being represented: physical health, behavioral health, pharmacy, and long-term or chronic care.

Section 3. At least fifty-one percent (51%) of voting members shall be beneficiaries or represent the interests of beneficiaries.

Section 4. The following DHHS directors, or their designees, shall be non-voting members: MLTC, Division of Children and Family Services, Developmental Disabilities, and Behavioral Health.

Section 5. A voting member shall serve for a three-year term. At the initial commencement of these Bylaws, lots shall be drawn and one-third (1/3) of voting members shall be determined to serve a one-year term, one-third of voting members shall be determined to serve a two-year term, and one-third (1/3) of voting members shall be determined to serve a three-year term. Voting members may be reappointed for one (1) consecutive full term.

ARTICLE V. OFFICERS AND EXECUTIVE COMMITTEE

Section 1. The chair and vice-chair shall be selected by the voting members at the first regular meeting of the calendar year, subject to the following: The chair and vice-chair must be voting members, each officer shall serve a one-year term, and the vice-chair becomes chair at the expiration of the one-year term as vice-chair or the vacancy of the chair. In cases of vacancy in the chair, the vice-chair may serve out the remainder of the chair's one-year term and shall serve one (1) additional year as chair; and, in cases of vacancy in the vice-chair, a voting member shall be selected to serve out the remainder of the vice-chair's one-year term.

Section 2. The chair, vice-chair, and MLTC director shall form an executive committee that shall set the agendas for meetings, including standing and other items. The executive committee shall meet

between meetings and shall assist the chair in carrying out the day-to-day activities.

Section 3. The chair may appoint subcommittee(s) to review or perform certain tasks and to report to the MCAC. At least one (1) member of each subcommittee shall be a voting member other than the chair. The chair shall be a non-voting member of any subcommittee.

Section 4. The chair (or in the absence of the chair, the vice-chair) shall preside over meetings. The presiding officer shall vote only in case of a tie.

ARTICLE VI. RESPONSIBILITIES

Section 1. Responsibilities of MCAC voting members include:

- (a) bringing concerns of the community to the attention of the chair;
- (b) taking part in discussions;
- (c) helping the MCAC analyze issues and develop recommendations;
- (d) completing assigned tasks or, if unable to do so, timely informing the chair;
- (e) suggesting agenda items or presentations to the chair; and,
- (f) attending meetings consistently and preparing for meetings in advance.

Section 2. Special responsibilities of MCAC members who are beneficiaries or persons who represent beneficiaries include:

- (a) awareness of special problems confronting those seeking help;
- (b) awareness of community needs for which programs can be developed or improved;
- (c) knowledge of how to make programs widely known in the community;
- (d) knowledge of how to design outreach programs for potential beneficiaries who are unaware that they might be eligible for services;
- (e) knowledge of gaps in services;
- (f) knowledge of barriers to the use of services; and,
- (g) knowledge of how to help beneficiaries become informed.

Section 3. Responsibilities of MLTC to the MCAC include:

- (a) clearly defining DHHS and MLTC expectations of MCAC members;

- (b) providing opportunities and ample time to respond to and advise about programs, policies, regulations, and other priorities;
- (c) responding to MCAC's advice and explaining why advice might not be taken;
- (d) understanding and accepting the MCAC members and the public as partners in the decisionmaking process;
- (e) providing staff and technical assistance to enable the MCAC to make effective recommendations and function; and,
- (f) giving assurance that MCAC feedback is taken into consideration.

ARTICLE VII. MEETINGS

- Section 1. The MCAC shall meet at least six (6) times per year for regular meetings, reasonably spaced throughout the year, and the chair, vice-chair, or a majority of the voting members may call a special meeting.
- Section 2. Notice, an agenda, and any materials must be provided no less than twenty-one (21) days prior to a regular meeting. Notice, an agenda, and any materials must be provided with as much notice as reasonably possible prior to a special meeting.
- Section 3. A quorum for the transaction of business at any meeting is a majority of the voting members.
- Section 4. Members shall serve without compensation, except to the fullest extent permitted by applicable law (a) reasonable and necessary travel expenses may be reimbursed to voting members and (b) reasonable financial arrangements, if necessary, to make possible the participation of beneficiaries may be reimbursed.
- Section 5. Members who miss two (2) or more consecutive meetings are subject to being replaced.
- Section 6. The current edition of *Robert's Rules of Order* shall govern procedural issues for which general consensus is not present.

ARTICLE VIII. REPORTS AND RECOMMENDATIONS

- Section 1. The MCAC generally strives for a consensus of opinion and reports that reflect the wishes of as many members as possible; however, the opinions of members who disagree must be recognized when they so choose. These members may prepare minority reports.

ARTICLE IX. RECORDS AND MINUTES

Section 1. Records of all official actions, minutes, reports, and otherwise shall be maintained by MLTC on behalf of the MCAC.

ARTICLE X. CONFLICT OF INTEREST

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

ARTICLE XI. OPEN MEETINGS LAW

Section 1. MCAC meetings are open to the public, in compliance with Nebraska Revised Statutes 84-1407 through 84-1414.

ARTICLE XII. AMENDMENTS

Section 1. To the fullest extent permitted by applicable law, these Bylaws may be amended by (a) a simple majority of all voting members at each of two (2) consecutive regular meetings if notice of the suggested change is given to all committee members at least twenty-one (21) days prior to each regular meeting; or (b) a two-thirds (2/3rds) majority of all voting members at one (1) regular meeting if notice of the suggested change is given to all committee members at least twenty-one (21) days prior to the regular meeting and exigent circumstances exist and are reasonably described in the record.

Adopted: _____
Effective: July 1, 2021