

Beneficiary Advisory Council and Medicaid Advisory Committee Frequently Asked Questions

What is the Beneficiary Advisory Committee (BAC)?

A new federal rule created the Beneficiary Advisory Committee (BAC) in 42 CFR 431.12. The BAC gives advice about Medicaid to the Cabinet for Health and Family Services and Department for Medicaid Services (DMS). Former members or current members and their parents, guardians or caregivers can be BAC members.

What is the Medicaid Advisory Committee (MAC)?

The Medicaid Advisory Committee (MAC) advises the Cabinet for Health and Family Services and the DMS on matters related to policy development and the effective administration of the Medicaid program. Providers, healthcare advocates and members of the BAC are on the MAC. The MAC was originally created under [KRS 205.540](#) as the Advisory Council on Medical Assistance. It is now being changed to meet the new requirements in [42 CFR 431.12](#).

How do I apply for the BAC?

The application period is closed. If you want to be notified of future opportunities to apply for the BAC, sign up [here](#) to receive email notices about Kentucky Medicaid.

How do I apply for the MAC?

The application period has now closed. If you want to be notified of future opportunities to apply for the MAC, sign up [here](#) to receive email notices about Kentucky Medicaid.

Medicaid Advisory Committee (MAC)

Why are you changing the current Advisory Council for Medical Assistance?

A new federal rule made changes to 42 CFR 431.12, which governs Medicaid advisory committees. Some of the changes include who is on the committee, how they are appointed, how meetings are conducted, and the development of a new annual report.

Who will be on the MAC?

Organizations and advocates with positions on the Advisory Council for Medical Assistance per KRS 205.540 will remain. Additional positions will be added by DMS to comply with the new federal rules. This will include representation from the Kentucky Association of Health Plans, which represents Medicaid managed care organizations, and additional members who are current or former Medicaid beneficiaries or are parents, guardians, or caregivers of Medicaid beneficiaries.

How many people will be on the MAC?

There will be thirty-one (31) members, consisting of:

- Five (5) ex-officio members;
- Fourteen (14) members appointed by a nominating organization (the thirteen (13) authorized by KRS 205.540 and the one new one for the Kentucky Association of Health Plans);
- Five (5) healthcare advocates representing consumer advocacy groups authorized by KRS 205.540; and
- Seven (7) members from the BAC. The federal rule requires at least 25% of the MAC members also be members of the BAC.

How long will members serve on the MAC?

Members will be selected for a two-year, three-year, or four-year term when the MAC first starts to ensure member terms do not end at the same time:

- Of the thirteen (13) members representing organizations authorized by KRS 205.540, four (4) will have a four-year term, four (4) will have a three-year term, and five (5) will have a two-year term;
- Of the five healthcare advocates, two (2) will have four-year terms, two (2) will have three-year terms, and one (1) will have a two-year term;
- Of the seven (7) Medicaid beneficiaries also serving on the BAC, three (3) will have four-year terms, two (2) will have three-year terms, and two (2) will have two-year terms; and
- The person representing the Kentucky Association of Health Plans will serve for one year.

After the initial appointments, all members will be appointed for four years.

Individuals cannot serve back-to-back terms but could be reappointed four years after their term ends.

If a current position on the KRS 205.540 Advisory Council for Medical Assistance is filled, will the individual in that role automatically become a member of the MAC?

- Members whose terms expire after July 8, 2025, will be appointed to serve on the MAC.
- Members whose terms expired before July 8, 2025, will not be automatically appointed. They had to apply to the nominating organization to continue to serve on the committee.

If a current position on the KRS 205.540 Advisory Council for Medical Assistance is vacant or has someone in an expired term, how will it be filled?

- If it is a nominated position, individuals had to complete their application and submit it to the nominating organization. The organization selected three candidates for DMS's final selection.
- If it is a healthcare advocate, Medicaid member, former member, parent, guardian or caregiver position, DMS will review the applications and make the selection.

There are Medicaid members serving on the current (KRS 205.540) Advisory Council for Medical Assistance. Will these individuals be nominated to continue to serve or will they need to submit an application?

The Medicaid members currently serving will be appointed to the BAC and have been asked if they would also like to serve on the MAC. They did not have to complete an application.

How will DMS decide who is selected for the MAC?

New members will be appointed by the DMS Commissioner. DMS will aim to have members who represent the different Kentucky Medicaid programs and population.

When will people know if they have been chosen to be on the MAC?

DMS will notify everyone who applied by the end of June. Notifications will be made via email (or regular mail for those who did not provide an email address).

After this initial selection period, will there be another opportunity to apply for the MAC?

Yes, all initial term lengths will be staggered so that there will be future opportunities to apply to serve on the committee.

How does the MAC work?

There will be at least four MAC meetings each year. Meetings may be one hour to three hours long. Meetings will focus on Kentucky Medicaid services. The MAC must meet after the BAC meets.

When will the meetings start?

DMS will work with the new members to schedule meetings. The first meeting is anticipated to take place in September 2025.

Beneficiary Advisory Council (BAC)

Who can be part of the BAC?

BAC members will be individuals who are currently or have been enrolled in Medicaid and those with direct experience supporting those enrolled in Medicaid, such as parents, guardians, and paid or unpaid caregivers.

How many members are on the BAC?

There will be fifteen (15) members appointed by the Commissioner for the Department for Medicaid Services. The BAC will include ten (10) current or former Medicaid members and five (5) parents, guardians, or caregivers of Medicaid beneficiaries.

How long will a member serve on the BAC?

Members will initially be selected for a two-year, three-year, or four-year term on the BAC to ensure member terms do not end at the same time. After that, future appointments will be for four-year terms. Individuals cannot serve back-to-back terms but could be reappointed four years after their term ends.

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What kind of support will DMS provide to Medicaid beneficiaries who serve on the BAC and/or the MAC?

DMS staff will provide orientation, training, language services, personal assistance, and resources to help everyone on the committee participate fully. Additionally, Medicaid beneficiaries, former beneficiaries, parents, and caregivers who are not receiving other compensation may have expenses covered. DMS will work with BAC and/or MAC members to identify and provide supports necessary for participation as needed.

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Technical Advisory Committees (TACs)

Will there be changes to the [Technical Advisory Committees \(TACs\)](#)?

There will be no changes to the TACs at this time.