



LOUISIANA MEDICAID BENEFICIARY ADVISORY COUNCIL

BYLAWS

The Beneficiary Advisory Council (BAC) of the Louisiana Department of Health (LDH) Medical Vendor Administration (MVA) is required by 42 CFR § 431.12. The BAC serves as an advisory council to the Medicaid Advisory Committee (MAC) and is a dedicated forum for people with lived experience in the Medicaid program.

The BAC has the opportunity to advise LDH and the MAC on policy development and the effective administration of the Medicaid program. Matters may include, but are not limited to:

- 1) Additions and changes to services;
- 2) Coordination of care;
- 3) Quality of services;
- 4) Eligibility, enrollment, and renewal processes;
- 5) Beneficiary and provider communications by LDH and managed care entities (MCEs);
- 6) Cultural competency, language access, health equity, and disparities and biases in the Medicaid program;
- 7) Access to services; and
- 8) Other issues that impact the provision or outcomes of health and medical care services in the Medicaid program, as determined by the MAC, BAC, or LDH.

This shall not be a policy-making council. However, if fiscally sound and consistent with evidence and best practices, the recommendations will be strongly considered for adoption by LDH.

Mission and Vision

Mission: The mission of the Beneficiary Advisory Council is to provide meaningful, beneficiary-centered input to inform the development, implementation, and evaluation of the State Medicaid program. The Council serves as a structured forum for Medicaid beneficiaries and caregivers to share lived experience, identify access and quality concerns, and offer practical feedback on policies, benefits, and service delivery. Through this role, the Council supports transparency, accountability, and person-centered decision-making to help ensure the Medicaid program effectively meets the needs of the populations it serves.



Vision: A Medicaid program shaped by the voices and experiences of its beneficiaries, delivering accessible, quality, and person-centered care across the state.



ARTICLE I Membership

Section 1. The Medical Director of LDH Medicaid, hereby referred to just as Medical Director, shall appoint all Council members.

Section 2. The Council must include:

- a. Current and/or former Medicaid beneficiaries
- b. Individuals with direct experience supporting Medicaid beneficiaries (family members and paid or unpaid caregivers of enrollees)

- 1) The membership of the Council shall represent the demographics of the state's Medicaid beneficiaries along with a balance of geographic diversity (e.g., urban versus rural areas).

Section 3. The Medical Director of LDH will fill vacancies within thirty (30) days of the date on which a vacancy occurs.

Section 4. The Medical Director of LDH shall appoint all members. Council members' term lengths shall be determined by the State or Medical Director, and no consecutive term for the same member shall follow immediately. Terms shall be rotated and continuous.

Section 5. A member may be removed from the Council for any one of the following causes:

- 1) Absences from two consecutive meetings without contacting the Chairperson or the LDH Quality Improvement and Population Health section with a satisfactory explanation;
- 2) Receipt of a letter of resignation from the member; and
- 3) Moving out of state.

It will be the Chairperson's responsibility to contact the member with two consecutive absences. The Chairperson may delegate someone to contact the member.

ARTICLE II Officers

Section 1. There shall be two officers of the Council. These shall be designated as the Chairperson and Co-Chair. The Council members will vote on the officers.



Section 2. The Chairperson’s duties are to call all meetings of the Council and to preside at all regular and special meetings of the Council. The Chairperson shall present Council recommendations to the Medicaid Advisory Committee.

ARTICLE III Voting

Section 1. Active members shall have equal voting rights. Voting shall follow the majority rule. The presence of a simple majority of the membership shall establish a quorum.

Section 2. Before taking action on any agenda item that includes a vote, the committee shall allow public comment.

ARTICLE IV Meetings

Section 1. The BAC must meet separately and in advance of MAC meetings. This helps ensure that the perspectives of those with lived experience inform broader discussions at the MAC meetings.

Section 2. Quarterly meetings will be held regularly. The Chair and Co-Chair will determine the date and time. Special call meetings will be held at:

- 1) The discretion of the Medical Director; and
- 2) The discretion of the Chairperson.

Section 3. The BAC must offer a variety of meeting participation options, including in-person, virtual, and hybrid. But a telephone dial-in is always required.

ARTICLE V Council Support

Section 1. The Medical Director shall be delegated to represent the MAC and the Secretary of LDH in all functions of the Council. He or she shall present the Council’s recommendations to the MAC and the Secretary.



Section 2. In the absence of the Medical Director, all activities that require a Medical Director may be delegated to the Assistant Medical Director.

Section 3. LDH Quality Improvement and Population Health will assist committee members as follows:

- 1) Initial orientation;
- 2) Research and final preparation of documents generated by the Council; and
- 3) Preparation of the Committee recommendations for presentation to the LDH Medical Director.

Section 4. The agenda shall be prepared by the Chairperson, with assistance from LDH staff, from issues presented to the Chairperson by the Medical Director, the MAC, or BAC members.

The agenda shall be prioritized utilizing the following criteria:

- 1) Urgency of the issue at hand;
- 2) Time allotted for meeting;
- 3) The capability of the Council to make recommendations on a specific problem; and
- 4) Whether members have sufficient knowledge of facts and background information to review the issue presented.

Each issue presented to the Council for consideration shall be accompanied by adequate background information.

The agenda and informational materials will be forwarded to Council members at least one week in advance of scheduled or called meetings, if possible.

Only agenda items will be considered unless a non-agenda item is added by consent of all members present.

ARTICLE VI



Rules of Order

Section 1. The rules contained in **Robert's Revised Rules of Order** shall govern the Council in cases to which they are applicable, and in which they are not inconsistent with the bylaws of the Council.

Section 2. The BAC bylaws, including revisions or amendments, must be approved by a majority vote of the BAC members, approved by the Chair and Co-Chair and submitted to the Medical Director for approval. Whenever possible, the Chair and Co-Chair shall provide a copy of the proposed amendments to each council member before voting on them.