

ALASKA STATE MEDICAL CARE ADVISORY COMMITTEE Bylaws

I. NAME AND LOCATION

The name and location of this Committee will be the Medical Care Advisory Committee (MCAC). Its principal office and address will be the Alaska Department of Health and Social Services (DHSS), P.O. Box 110601, Juneau, Alaska 99811-0601.

II. PURPOSE AND POWER

The purpose of the MCAC is to serve as the primary advisory body to the Department of Health and Social Services under federal Medicaid provisions requiring that each state have a Medical Care Advisory Committee (Section 1902(a)(4), Title XIX; 42 CFR 431.12). The MCAC's contribution will improve and maintain the quality of Alaska's Medical Assistance program by:

1. Contributing specialized knowledge and experience to that available within the DHSS and
2. Providing a two-way channel of communication with the individuals, organizations and institutions in the community that, with the DHSS, provide, pay for and receive medical care services.

The MCAC will have the power and authority necessary to carry out the duties imposed upon and granted to it by the Department of Health and Social Services in order to advise and make recommendations to the Department relative to health and medical care services under Alaska's Medical Assistance programs concerning:

1. Proposed legislation
2. Major regulations prior to adoption
3. Specific program activities and problems
4. Program and policy change
5. Alaska's Medicaid program budget

III. MEMBERSHIP

A. Committee Structure

The MCAC should include members with good technical knowledge of Department programs and an understanding of the governmental process involved, as well as recognized leaders within the various interest groups affected by the MCAC's work.

The Committee shall have at least seven members but no more than thirteen. Members will be appointed by the Commissioner of the Department of Health and Social Services for

staggered, three-year terms with eligibility for re-appointment. No member shall serve more than three consecutive terms. The Commissioner will contact provider and consumer organizations for recommended appointees, and nominations may be submitted by representative organizations.

Six members should be Medical providers familiar with the medical needs of low-income people and with the resources available and required for their care, including when possible:

- an Alaska licensed physician
- a behavioral health provider
- an Alaska licensed nurse
- an Alaska licensed dentist
- an Alaska licensed pharmacist
- a hospital administrator
- an Alaska licensed nursing home administrator

Six members should be representatives of consumer groups and organizations, including a program recipient, and when possible:

- a non-governmental social services agency representative
- a consumer advocate
- a private non-recipient citizen

The Commissioner of the Department of Health and Social Services or designee(s) will be a non-voting member of the committee and shall appoint one of the DHSS Directors/Medicaid Director as a voting member.

B. Qualifications and Responsibilities

1. Qualifications. Members are chosen for their demonstrated interest in the community. Interest and activities do not have to be specifically in the area of the Committee's concern; in fact, it may be well to include some members with varied experience in civic affairs.

Other characteristics to be considered in selecting committee members include:

- (a) ability to place interest of the Department's total statewide clientele above other factional concerns;
- (b) ability to serve as an effective intermediary between the Department and special group(s) a member may represent;
- (c) interest, willingness, and time to work in program areas of concern to the Committee;
- (d) commitment to support the Committee;
- (e) receptivity to new ideas;
- (f) objectivity of candidate;
- (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 and security;
- (k) ability to accept community pressures and criticism; and
- (l) ability to grow in knowledge and character.

All of these characteristics are rarely found in one individual. Therefore, members should be selected to complement each other. If a Committee has been chosen wisely, it will have the experience, wisdom and potential to contribute to the Department's progress.

2. Responsibilities. Responsibility is fundamental to Committee action. This includes:
 - (a) attending all regular meetings. If a member misses two of four yearly meetings without good reason, the Chair will so notify the member and with the concurrence of the Commissioner may declare a vacancy to exist and appoint a new member to fill it.
 - (b) bringing concerns of the community to the attention of the Chair.
 - (c) taking part in discussions.
 - (d) helping the Committee to analyze problems and develop recommendations.
 - (e) completing assigned tasks, or if unable to do so, informing the Chair of the inability to meet a due date.

3. Special Contributions of Consumer Members. Consumers are expected to bring first hand knowledge to the Committee including:
 - (a) awareness of special problems confronting those seeking help.
 - (b) awareness of community needs for which programs can be developed and improved.
 - (c) knowledge of how to make programs widely known in the community.
 - (d) knowledge of how to design outreach programs for potential consumers who are unaware that they are eligible for services or that they even need services.
 - (e) knowledge of gaps in services.
 - (f) knowledge of barriers to the use of services.
 - (g) knowledge of how to help recipients become informed, intelligent users of services.

4. Responsibilities of the Department to MCAC members. The Department's obligations to the Committee include:
 - (a) clearly defining departmental expectations of Committee members.
 - (b) providing opportunities and ample time to respond and advise on proposed programs, policies, regulations and budget priorities.
 - (c) responding to Committee advice and, when applicable, justifying why advice may not be taken.
 - (d) understanding and accepting the citizen as a partner in the decision-making process.

5. Responsibilities of the Chair. Particular responsibilities of the Chair include:
 - (a) providing democratic leadership.
 - (b) showing sensitivity to member views and opinions, and maintaining an atmosphere in which members have an opportunity to express their views freely.
 - (c) presiding at the MCAC meetings.
 - (d) conferring with DHSS and DHCS staff in

- preparing a suitable agenda
- planning MCAC activities
- ensuring MCAC responsibilities are met
- establishing subcommittees and ad hoc committees as necessary
- appointing MCAC members to serve on such subcommittees
- (e) appearing before relevant groups at the Commissioner's request
- (f) when requested, representing the MCAC before the legislature and other groups
- (g) establishing liaisons with state and local bodies, including advisory committees concerned with health and medical care services.

C. Officers

Officers of the Committee will be the Chair and Vice-Chair, and may be appointed by the Commissioner. If a Commissioner chooses not to appoint these positions they will be elected by the Committee annually. Each may be re-elected for another year, and may serve a partial or full third term if by a 2/3 majority of quorum the Committee finds it necessary to ensure stability and the continuation of the Committee's work.

IV. MEETINGS

The MCAC will meet at least quarterly and at such other times as may be designated by the Chair of the Committee. Notice of the time and place of meetings shall be given not less than 20 days prior to meetings. The first meeting of the year shall be used to elect officers and set meeting dates for the coming year.

Meetings will be held on the Friday and Saturday in a location determined by the Committee. Other Committee meetings may be held at times and places convenient to the Committee and the interested public.

Special Meetings. Special meetings may be called by the Commissioner, Chair or any five Committee members.

Notice. Notice of the time, agenda, and place of all regular or special meetings will be mailed by the Department at the direction of the Chair to each member at least ten days prior to the meeting date.

Agenda. The Chair and the Medicaid Director will determine the agenda. Once the agenda is sent to Committee members, it will not be changed unless agreed to by a majority of Committee members. Time should be allowed at each meeting for presentation of special items by individual members.

Conduct. The Chair will conduct Committee meetings. If the Chair is not present, the Vice-Chair will conduct the Committee meeting; in the absence of both, Committee members may elect an acting Chair for that meeting only.

Quorum. A quorum for the transaction of business at any regular or special meeting will consist of a majority of the members of the Committee.

V. SUBCOMMITTEES

Executive Committee. The Executive Committee will have the power to act for the MCAC as necessary. However, all Executive Committee actions are subject to review and ratification by the full Committee. Members of this subcommittee will include the Chair of the MCAC, the Vice-Chair, the immediate past Chair if a continuing MCAC member, and one other Committee member appointed by the Chair.

Strategic Planning. This subcommittee will advise the MCAC on issues of budget considerations affecting Medicaid, and will work on special projects in this area. Members will be appointed by the Chair of the MCAC and will include a member of the Executive Committee.

Legislative. This subcommittee will identify and follow pending bills in the Legislature and will make preliminary recommendations to the Committee on possible Committee comments to DHCS, DHSS, and/or the legislature. Members will be appointed by the Chair, and will include a member of the Executive Committee.

Consumer Relations. This subcommittee will propose strategies to improve consumer knowledge of changes to the Medicaid program and to enhance positive relationships between DHSS, the MCAC, beneficiaries, and providers. Members will be appointed by the Chair of the MCAC and will include a member of the Executive Committee.

Bylaws. This subcommittee will prepare and submit changes to the Bylaws as directed by the MCAC and in accordance with XIV. Members will be appointed by the Chair of the MCAC and will include a member of the Executive Committee.

Other subcommittees may be designated by the Chair as necessary; the Chair will be a member of each.

VI. COMMITTEE/SUBCOMMITTEE RECOMMENDATION PROCESS

A. Recommendation Procedure

Each recommendation or other MCAC action will be made in the form of a formal motion, seconded and passed; a quorum is required. Robert's Rules of Order apply.

Recommendations from a subcommittee will be made directly to the full MCAC for approval. Once approved recommendations will be made directly to the DHSS Commissioner.

B. Response to MCAC Formal Recommendations

Responses to MCAC recommendations will be distributed to members of any applicable subcommittee at least 30 days before the next regularly scheduled meeting, and will be included in meeting packets distributed to all members prior to full MCAC meetings.

VII. PUBLIC PARTICIPATION

All meetings of the MCAC will be open to the public.

To ensure that Committee business is completed, participation of the public or organized groups will be organized as follows:

Formal presentations to the committee will be approved by the Chair; requests to make such presentations should be approved by the Chair by letter or other personal communication at least thirty days before the meeting. The request should make clear that the subject matter is relevant to the Committee's work.

From time to time during Committee meetings, the Chair will make time available for questions or statements from the audience who may wish to speak extemporaneously.

VIII. EXECUTIVE SESSION

Before meeting in executive session, the Committee must vote to do so under its regular motion procedure and must announce the purposes of the session. The purpose must be one or more of the purposes for which executive or closed meetings are permitted in accordance with Alaska Revised Statutes 44.62.310-312, Alaska's Open Meeting Law; for instance issues pertaining to personnel matters.

Discussion in the executive session must be limited to the subject or subjects stated in the motion. No final action may be taken in executive session. Upon return to open session, any action taken or motion adopted must be restated, voted upon and placed in the minutes to be effective, or if there is a need for more rapid action the information and voting may be done by email, fax or phone.

IX. CONFLICT OF INTEREST

It is understood that minor conflicts of interest may arise during the course of conducting MCAC business. MCAC members should recognize and note to the Chair any substantial or significant conflicts of interest. The MCAC will be guided by the ethical standards and conduct set out in the Alaska Executive Branch Ethics Act, AS 39.52.010 - 39.52.960, which distinguishes minor and inconsequential conflicts (defined in AS 39.52.110) from substantial and material conflicts of interest (AS 39.52.120 - 39.52.190). Determination and disclosure of substantial conflicts of interest is set out in AS 39.52.210 - 39.52.260.

X. PRESS RELEASES

All press statements by the MCAC will reflect the majority opinion of the Committee and will be issued through the Chair or designee. The Chair or designee should inform the Department of Health and Social Services Public Information Officer of any such press statements. This may be done through the DHSS Office of the Commissioner.

XI. ANNUAL REPORT

The MCAC will make yearly policy recommendations to the Commissioner of the Department of Health and Social Services.

XII. RECORD KEEPING

A. Minutes

The staff person responsible to the Committee will take minutes to summarize the discussion and actions taken at each MCAC meeting. A designated subcommittee member will take minutes of any subcommittee meeting when the staff person is not present. The minutes should be transcribed as soon as possible following each meeting, and will be reviewed by the Chair before distribution. Any action items will be noted by the staff person, brought to the Chair's attention, and acted upon as soon as possible following the meeting.

The original minutes of each meeting will be kept in the History File, and a copy in the MCAC Minutes Notebook.

B. Meeting History

A complete package of handouts will be retained in the MCAC History file. The MCAC Minutes Notebook will contain a copy of the minutes, agenda, and current membership list.

XIII. TRAVEL

Each MCAC member will serve without compensation but will be entitled to reimbursement for actual and necessary expenses in carrying out Committee business under applicable state regulations relating to travel reimbursement.

XIV. AMENDMENTS

The Chair, MCAC members, Commissioner and HCS staff may propose changes to these Bylaws. All such proposals will be submitted in writing to the Chair and referred by him or her to the full committee at least 10 days before the next MCAC Meeting. Amendments will be passed and become effective by majority vote of a quorum of the MCAC.

David Alexander, MCAC Chair

Date

Kathy Craft, MCAC Coordinator

Date