Medical Care Advisory Committee (MCAC)

§ 431.12 Medical care advisory committee.

(a)*Basis and purpose.* This section, based on section 1902(a)(4) of the Act, prescribes State plan requirements for establishment of a committee to advise the Medicaid agency about health and medical care services.

(b)*State plan requirement.* A State plan must provide for a medical care advisory committee meeting the requirements of this section to advise the Medicaid agency director about health and medical care services.

(c)*Appointment of members.* The agency director, or a higher State authority, must appoint members to the advisory committee on a rotating and continuous basis.

(d)*Committee membership.* The committee must include -

(1) Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care;

(2) Members of consumers' groups, including Medicaid beneficiaries, and consumer organizations such as labor unions, cooperatives, consumer-sponsored prepaid group practice plans, and others; and

(3) The director of the public welfare department or the public health department, whichever does not head the Medicaid agency.

(e)*Committee participation.* The committee must have opportunity for participation in policy development and program administration, including furthering the participation of beneficiary members in the agency program.

(f)*Committee staff assistance and financial help.* The agency must provide the committee with -

(1) Staff assistance from the agency and independent technical assistance as needed to enable it to make effective recommendations; and

(2) Financial arrangements, if necessary, to make possible the participation of beneficiary members.

(g)*Federal financial participation.* FFP is available at 50 percent in expenditures for the committee's activities.