

**Bylaws
Of the
Medicaid Advisory Committee
Nevada State Division of Health Care Financing and Policy**

ARTICLE I

DEFINITIONS

- A. “Administrator” shall mean the State’s Administrator of the Division of Health Care Financing and Policy (DHCFP).
- B. “BAC” shall mean the Beneficiary Advisory Council.
- C. “DHCFP” shall mean the Division of Health Care Financing and Policy, a division of the DHHS.
- D. “DHHS” shall mean the Department of Health and Human Services of the State of Nevada.
- E. “Director” shall mean the State’s Director of DHHS.
- F. “Exhibit” shall mean a document to be presented to the MAC whereby the MAC is apprised of proposed changes in policy, regulation or the State Plan. An Exhibit may require an action/vote by the MAC.
- G. “MAC” shall mean the Medicaid Advisory Committee.
- H. “MAC Coordinator” shall mean the DHCFP staff person assigned to coordinate the MAC, act as Secretary and provide staff assistance to the MAC and its subcommittees.
- I. “Medicaid” shall mean the Medicaid program that is administered by the DHCFP.
- J. “Quorum” shall have the meaning stated in Nevada Revised Statutes (NRS) § 241.015 (6) as a simple majority of the voting membership of the public body or another proportion established by law.
- K. “State Plan” shall mean the federally required plan adopted by the DHHS and the DHCFP to administer the Medicaid program. The State Plans under Title XIX and XXI of the Social Security Act (SSA) constitutes the contract under which the Medicaid program operates, and federal financial participation is secured.

ARTICLE II

FORMATION AND COMPOSITION

Section I. Creation

The MAC is created within the DHCFP by federal regulations, specifically, 42 CFR § 431.12, § 1902(a)(22) of the SSA, effective July 9, 2025, and by NRS §§ 422.151 through 422.155, inclusive.

Section II. Number of members

The MAC shall be comprised of the number of members required by NRS XXX. In addition, the MAC will have the power granted herein to form subcommittees, each with three appointed members of which one will be a MAC member who also serves on the BAC. The Chair of the MAC shall appoint members to subcommittees as necessary.

Section III. Appointment

The Administrator of the Division of Welfare and Supportive Services, the Administrator of the Aging and Disability Services Division, and the Administrator of the Division of Child and Family Services or his or her designee shall serve as ex officio, nonvoting members for the MAC. The Director shall appoint the remaining members of the MAC.

The members of the MAC, including members of any other subcommittees formed pursuant hereto, shall service strictly at the pleasure of the Director.

Section IV. Conflict of Interest

Conflicts of interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member, or otherwise have the appearance of a conflict of interest. When funding recommendations or other decisions are made regarding an organization with which the member has an affiliation, the member shall state his/her intention to abstain from making specific motions or casting a vote, before participating in related discussion.

ARTICLE III

Membership, Officers and Assistance

Section I. Qualifications for Membership in the MAC and Subcommittees

- A. The appointed members of the MAC, with the exception of the ex officio members, shall consist of the following individuals:

1. A person who holds a license to practice medicine in this state; and is certified by the Board of Medical Examiners in a medical specialty.
2. A person who holds a license to practice dentistry in this state.
3. A person who holds a certificate of registration as a pharmacist in this state.
4. A member of a profession in the field of health care who is familiar with the needs of persons of low income, the resources required for their care and the availability of those resources.
5. An administrator of a hospital or a clinic for health care.
6. An administrator of a facility for intermediate care or a facility for skilled nursing.
7. A member of the Division's executive leadership.
8. A member of an organized group that provides assistance, representation or other support to recipients of Medicaid.
9. Recipients of Medicaid who concurrently serve on the State's Beneficiary Advisory Council (BAC) under NRS XXX in an amount equal to a minimum of 25% of the total voting membership of the Medicaid Advisory Committee.
10. A representative of each of the Division's contracted managed care plans.
11. The Medicaid Medical Director.

Section II. Term

The Director shall appoint each member of both the MAC and subcommittee(s) to a term of two years. Terms begin as of the date of the appointment. MAC members may serve more than one term; however, those terms may not be served consecutively. The Division will seek interest from enrolled providers and other groups, as necessary to fill vacancies and will post the recruitment process for the MAC publicly. Nominations of new potential members of the MAC will be submitted to the Director by the MAC Coordinator within the Division of Health Care Financing and Policy as vacancies occur on the MAC.

Legacy MAC members will have a one-year term that begins at the adoption of these Bylaws to facilitate the transition from the former Medical Care Advisory Committee (MCAC) to the MAC.

Each member is expected to participate in a majority of meetings and activities held in a single calendar year. The Director may request a member resign due to absences.

E. Section III. Officers

Before the first meeting of the calendar year, the Director shall appoint a Chair and a Vice-Chairperson. The Administrator or his/her designee shall serve as the MAC Coordinator and the Secretary for the MAC. The Chairperson and Vice-Chairperson will serve a term of two years. The Director shall appoint a replacement in the event a replacement is needed for the Chair and Vice-Chairperson positions.

The Chair shall preside at all meetings and generally supervise the affairs of the MAC or designate a representative to do so. The Vice-Chairperson shall assist and assume the duties of the Chair in case of the Chair's absence.

Section IV. Staff Assistance

The DHCFP must provide the MAC staff assistance and independent technical assistance as needed to enable it to accomplish its functions and duties through the MAC Coordinator.

ARTICLE IV

Meetings

Section I. Frequency and Location

The members of the MAC shall meet at least once per quarter as required by 42 CFR § 431.12, §.

Section II. Agenda

The MAC Coordinator shall be responsible for drafting (or causing to be drafted) an agenda for each MAC meeting and such agenda shall be distributed to each member no later than 30 business days prior to each meeting. The MAC and the subcommittee(s) will conduct their meetings pursuant to the Open Meeting Law set forth in NRS Chapter 214.

Each appointed member of the MAC is encouraged to provide agenda items for consideration on an annual calendar basis (Jan-Dec) to the Secretary for the MAC which is provided through the Division of Health Care Financing and Policy. The MAC Chair will assist the Administrator in the creation of the agenda.

Section III. Minutes

Pursuant to NRS § 241.035, the MAC and the subcommittee(s) shall keep, retain, and make available for public inspection, written minutes of each meeting. The MAC shall record each meeting. Minutes or recordings must be made available for inspection by the public within 30

working days after each meeting. Minutes are deemed to have permanent value and must be retained by the DHCFP for at least five years. Thereafter, minutes may be transferred from archival preservation in accordance with NRS § 239.080 through 239.125, inclusive.

Section IV. Voting

Each of the members constituting a quorum of the MAC shall vote to approve or disapprove each action item on the agenda.

ARTICLE V

Functions and duties

Section I. Functions

The purpose of the MAC is:

- A. To advise the State Medicaid agency on matters of concern related to policy development and the effective administration of the Medicaid program.
- B. To advise the Administrator regarding the provision of services and the ability to access these services for the health and medical care of welfare recipients.
- C. To increase the participation of welfare recipients in the development of policy and administration of programs by the DHCFP.
- D. To review managed care health plan marketing materials and serve in a consultative capacity to Medicaid pursuant to Section 4707 (a) of the Balanced Budget Act of 1997.
- E. To advise and consult on FFS rates where payments are made to direct care workers providing self-directed and agency-directed personal care, home health aide, and homemaker services as described in § 440.180(b)(2) through (4) and (6) biannually with the first recommendation to the State Medicaid Agency due by July 9, 2026.
- F. The MAC must submit an annual report describing its activities, topics discussed, and recommendations to the DHCFP. This report will be reviewed by DHCFP's Administrator who will respond to the recommended actions and provide the MAC with final review of the report. The Administrator will also ensure a portion of the annual report includes a section on the activities, topics discussed and recommendations of the BAC, along with responses to those recommendations.
- G. This report is due on or before July 1 of each year to the Administrator of the Division of Health Care Financing and Policy and will be posted publicly, with the first report due on or before July 1, 2026.

Section II. Exhibits

Members of the MAC shall review changes in policy, regulations and the administration of Medicaid's health care programs and shall advise the DHCFP thereon by providing recommendations regarding such changes. Proposals may be presented as Exhibit(s) having information, including but not limited to details regarding the present policy, future policy goals, and possible costs or savings related to any potential policy changes. Exhibits shall be provided to each member via electronic mail 10 business days prior to each MAC meeting.

Section III. Briefings

Medicaid staff will be available to conduct oral presentations on pending issues of significance to Medicaid. The MAC may request written briefings. Exhibits shall be provided to MAC members 10 business days in advance of each scheduled meeting.

ARTICLE VI

Compensation

Section I. Compensation

Members of the MAC, and any subcommittee, shall serve without compensation with the exception of MAC members who also serve on the BAC.

Each member of the MAC who is a recipient of Medicaid is entitled to receive compensation while engaged in the business of the Advisory Committee, in the form of transportation vouchers, childcare reimbursement, or other reimbursement in addition to per diem allowance and travel expenses provided for state officers and employees generally.

Section II. Per Diem and Other Expenses

While engaged in the business of the MAC or any subcommittee, each member is entitled to receive the per diem allowance and travel expenses generally provided for state officers and employees.

ARTICLE VII

Adoption and Amendments to the Bylaws

Proposed amendments to these Bylaws must be submitted, in writing, to the MAC members and the Director 45 days in advance of a scheduled meeting to be acted upon. A quorum of the members present shall be required to adopt a proposed amendment, and such amendments must be approved by the Director to become effective.