



**District of Columbia Medical Care Advisory Committee (MCAC)  
By-Laws and Procedures**

**Original Adopted // July 25, 1973  
Current Revision Adopted // September 27, 2023**

*This document sets forth the By-Laws and Procedures under which the District of Columbia Medical Care Advisory Committee operates, in accordance with the authority established by Section 1902 of the Social Security Act and the Code of Federal Regulations (42 CFR 431.12).*

**Article I—Name and Location**

- 1.1 The name of this committee shall be the District of Columbia (DC) Medical Care Advisory Committee (MCAC).
- 1.2 The principal office and address shall be in the DC Department of Health Care Finance, 441 4<sup>th</sup> Street, NW 900S, Washington, DC 20002.

**Article II—Legal Authority**

- 2.1 The requirement for the MCAC from Section 1902 (a) (22) of the Social Security Act states in part: "A State plan for medical assistance must include descriptions of
  - (a) the kinds of professional personnel and supporting staff that will be used in the administration of the plan and the responsibilities they will have....
  - (b) other standards and methods that the state will use to assure that medical or remedial care and services provided for recipients of medical assistance are of high quality."
- 2.2 The present policy on State Medical Care Advisory Committees is set forth in the Federal Regulations at 42 CFR 431.12:
  - "(a) State plan requirements: A State plan for medical assistance under Title XIX of the Social Security Act must provide that:
    1. There will be an advisory committee to the State agency director on health and medical care services, appointed by the director of the State agency or a higher State authority."

**Article III—Purpose**

- 3.1 The purpose of the MCAC is to advise the Department of Health Care Finance (DHCF or the Department) leadership on health and medical care services that may be covered by Medicaid. The MCAC seeks to advance and/or maintain the quality of DC's medical assistance program by:

- 3.1.1 Formulating and recommending policies, analyzing programs, and reviewing services provided to recipients under the Medicaid program;
- 3.1.2 Improving and overseeing the quality and quantity of the services provided under Medicaid;
- 3.1.3 Providing a two-way channel of communication among the individuals, organizations, and institutions in DC that, with DHCF, provide and/or pay for medical care and services;
- 3.1.4 Facilitating transparency, creating public understanding, and ensuring that DC services meet the needs of the people served at a reasonable cost to the taxpayer; and
- 3.1.5 Planning for future medical assistance programs or discontinuance of existing programs when appropriate.

3.2 MCAC recommendations are advisory only and are non-binding on the Department.

#### **Article IV—Functions**

- 4.1 The MCAC shall fulfill its responsibilities under federal law and regulation including but not limited to:
  - 4.1.1 Advise DHCF leadership on the implementation, operation and evaluation of services delivered by managed care programs and the fee-for-service system;
  - 4.1.2 Advise DHCF leadership on the DC Healthcare Alliance Program, insofar as it interacts with Medicaid;
  - 4.1.3 Review and make recommendations on regulations developed to implement managed care programs and the fee-for-service system;
  - 4.1.4 Review and make recommendations on the standards used in contracts that support managed care programs and the fee-for-service system;
  - 4.1.5 Review and make recommendations on the Department’s oversight of quality assurance standards;
  - 4.1.6 Review data collected by the Department from managed care programs and the fee-for-service system;
  - 4.1.7 Promote the dissemination of program performance information to beneficiaries using layman’s language in a manner that facilitates quality comparisons;
  - 4.1.8 Assist the Department in evaluating the enrollment process for all medical assistance programs and the DC Healthcare Alliance Program, insofar as it interacts with Medicaid; and
  - 4.1.9 Review reports of the Office of Health Care Ombudsman and Bill of Rights.

#### **Article V—Committee Composition**

- 5.1 The MCAC shall consist of no more than fifteen (15) voting members.
- 5.2 No more than 49% of the MCAC members (i.e., seven (7) members) shall be classified as health care providers who are familiar with both the medical needs of low income population groups and the resources available and required for their care. At least one MCAC member must be a board-certified physician.

**5.3** At least 51% of the MCAC members (i.e., eight (8) members) shall be beneficiaries and beneficiary advocates and may represent the following interests:

**5.3.1** Medicaid beneficiaries;

**5.3.2** Individuals legally responsible for a Medicaid beneficiary;

**5.3.3** Family members of Medicaid beneficiaries;

**5.3.4** Non-governmental social service agencies; and/or

**5.3.5** Beneficiary advocate groups.

**5.4** The following MCAC members shall serve as public ex officio members:

**5.4.1** One (1) representative from the District of Columbia Primary Care Association;

**5.4.2** One (1) representative from the District of Columbia Medical Society;

**5.4.3** One (1) representative from the District of Columbia Hospital Association;

**5.4.4** One (1) representative from the District of Columbia Behavioral Health Association;

**5.4.5** One (1) representative from the District of Columbia Nurses Association;

**5.4.6** One (1) representative from the District of Columbia Dental Society;

**5.4.7** One (1) representative from the District of Columbia Home Health Association;

**5.4.8** One (1) representative from the District of Columbia Health Care Association;

**5.4.9** One (1) representative from the District of Columbia Coalition of Disability Service Providers;

**5.4.10** One (1) representative from each of the contracted Managed Care Plans; and

**5.4.11** Any other representative(s) that the Director deems appropriate.

**5.5** The Director of DHCF shall invite DC sister agency Directors to serve as government ex officio members of the MCAC; a Director may, in turn, appoint a designee from that sister agency to serve in a representative capacity on his/her behalf. Government members may include:

**5.5.1** DHCF's Senior Deputy Director/Medicaid Director;

**5.5.2** Director of the DC Health Care Ombudsman;

**5.5.3** Director of the Department of Human Services;

**5.5.4** Director of the Department of Health;

**5.5.5** Director of the Department of Aging and Community Living;

**5.5.6** Director of the Department on Disability Services;

**5.5.7** Director of the Department of Behavioral Health;

**5.5.8** Director of the Department of Youth Rehabilitation Services;

**5.5.9** Director of the District of Columbia Public Schools;

**5.5.10** Director of the Office of the State Superintendent of Education; and

**5.5.11** Director of the Child and Family Services Administration

## **Article VI—Membership and Appointment**

- 6.1** Appointments shall be made by the Director of DHCF in accordance with the steps outlined below. Members serve at the pleasure of the Director.
  - 6.1.1** Prior to removal of a duly appointed MCAC member, the Director shall confer with the MCAC Executive Committee.
  - 6.1.2** The Director shall provide notice regarding the termination and reasons therefore to the MCAC membership.
  - 6.1.3** The Executive Committee or any member of the public may make recommendations of termination of MCAC membership to the Director.
  
- 6.2** Initial appointments to the MCAC will be for terms as follows:
  - 6.2.1** Five (5) members appointed to one-year terms;
  - 6.2.2** Five (5) members appointed to two-year terms;
  - 6.2.3** Five (5) members appointed to three-year terms.
  
- 6.3** All subsequent appointments to the MCAC will be for three-year terms, except in the case where a member is appointed to serve the remainder of a term left open by a vacancy.
  
- 6.4** All terms will start on October 1, except in the case of a member who is appointed to serve the remainder of a term left open by a vacancy.
  
- 6.5** In the event of a vacancy for any reason, the Director of DHCF may appoint an individual to serve the remainder of the term left open by the vacancy. Alternatively, at the Director's discretion, the vacancy may be left open to be filled under the terms set forth in the MCAC application process (see Section 6.6) and/or consistent with the time that term would have expired had the vacancy not occurred.
  
- 6.6** The MCAC application process shall be as follows:
  - 6.6.1** Applications shall be received by DHCF;
  - 6.6.2** MCAC shall review applications and submit nominations to the Director of DHCF;
  - 6.6.3** The Director of DHCF shall appoint nominees; and
  - 6.6.4** MCAC membership shall commence October 1.
  
- 6.7** No MCAC member shall serve more than two consecutive three-year terms. Ex officio members are exempt from this requirement.
  
- 6.8** MCAC members are expected to attend all regularly scheduled meetings. If a member misses three consecutive meetings without good reason, he/she may be considered a non-participating member. Non-participating members shall be notified of his/her status by the MCAC Chairperson. The Executive Committee (see Section 8.4) may declare a vacancy and nominate an individual for the DHCF Director to appoint to the committee to fill said vacancy.
  
- 6.9** MCAC members are expected to attend a majority of meetings in person.

**6.10** Duties and limitations of ex-officio MCAC members include:

- 6.10.1** Ex-officio members are not counted in determining the amount needed for a quorum or whether a quorum is present.
- 6.10.2** Ex-officio members may not vote. However, after any vote, ex-officio members may express agreement or disagreement with the decision of the MCAC. Each such agreement or disagreement will be noted on the record of the MCAC.
- 6.10.3** Ex-officio government members may not serve as Chairperson or Vice-Chairperson of the MCAC.
- 6.10.4** Other than the limitations set out above, ex-officio members shall participate fully and equally in MCAC activities.

**6.11** Individuals may be considered for appointment to the MCAC based upon the following qualifications:

- 6.11.1** Demonstrated interest in the health care of District residents;
- 6.11.2** Interest, willingness, and time to work in the program area of concern to the MCAC;
- 6.11.3** Current or recent experience in the profession or group to be represented;
- 6.11.4** Ability to explore and incorporate new and varied points of view;
- 6.11.5** Awareness of special problems confronting those seeking help;
- 6.11.6** Awareness of community needs for which programs can be developed and improved;
- 6.11.7** Knowledge of how to make programs widely known in the community;
- 6.11.8** Knowledge of how to design outreach programs for potential beneficiaries who are unaware that they are eligible for services;
- 6.11.9** Knowledge of gaps in services;
- 6.11.10** Knowledge of barriers to the use of services; and
- 6.11.11** Knowledge of how to help beneficiaries become informed, knowledgeable users of services.

**6.12** The responsibility of MCAC membership shall include:

- 6.12.1** Attend all meetings in person and participate in sub-committees;
- 6.12.2** Prepare for meetings in advance by reading circulated materials and/or conferring with Department personnel and other resource people;
- 6.12.3** Actively participate in discussions;
- 6.12.4** Complete assigned tasks or, if unable to do so, inform the MCAC Chairperson of the inability to meet a due date; and
- 6.12.5** Bring concerns of the community to the attention of the MCAC.

**6.13** Responsibilities of DHCF to MCAC members include:

- 6.13.1** Clearly defining Departmental expectations of MCAC members;
- 6.13.2** Providing opportunities and ample time to respond and advise on proposed programs, policies, regulations, and budget priorities;
- 6.13.3** Responding to MCAC's advice and providing justification why advice may not be taken; and
- 6.13.4** Providing staff, meeting space, and other resources to support the MCAC in its work.

## **Article VII—Meetings**

- 7.1 The MCAC shall meet quarterly at a minimum (according to the District of Columbia’s fiscal year, meaning the 12-month period ending on September 30 of that year, having begun on October 1 of the previous calendar year), unless otherwise determined by the MCAC, at a location and time determined by the Executive Committee. Meetings shall be run by rules established by the Executive Committee.
- 7.2 The Chairperson, with input from DHCF Leadership and the other MCAC members, shall set the agenda.
- 7.3 Special meetings of the MCAC may be called by the Chairperson (or the Vice Chairperson, in absence of the Chair), DHCF Leadership, or by written request to the Chairperson of not less than a majority of the MCAC members.
- 7.4 Public notices of all special meetings of the MCAC shall be provided in advance of the meeting. Notice will include date, time, location and the planned agenda.
- 7.5 MCAC members shall be supplied minutes, agenda, meeting notices, etc., no less than 48 hours before meetings. Requests by the MCAC for special services or information shall be made to the MCAC Liaison, and such requests shall be handled as expeditiously as possible.
- 7.6 Conduct of all regular meetings of the MCAC shall follow, at minimum, the following order of business:
  - 7.6.1 Approval of minutes;
  - 7.6.2 DHCF Director or Senior Deputy Director/Medicaid Director Report;
  - 7.6.3 Subcommittee Report(s);
  - 7.6.4 New Business;
  - 7.6.5 Opportunity for Public Comment; and
  - 7.6.6 Announcements.
- 7.7 A quorum for the transaction of business at any regular or special meeting shall consist of a majority of the members of the MCAC (i.e., eight (8) members).
- 7.8 Meetings of the MCAC are open to the public, unless an executive session is called, pursuant to D.C. Code § 2–575(b). The MCAC shall abide by the DC Open Meetings Act.
  - 7.8.1 The discussions of an MCAC executive session, and information disclosed during those sessions, are privileged and may not be disclosed by any MCAC member without the express approval of the Director of DHCF, unless disclosure is otherwise compelled by law.

## **Article VIII—Officers and Committee**

- 8.1 The Chairperson and Vice Chairperson shall be the only officers of the MCAC.

- 8.2** The Chairperson and/or Vice Chairperson shall call and preside at all meetings and shall be ex-officio members of all subcommittees. The Chairperson will be required to vote only in the event of a tie. The Vice Chairperson shall vote on all motions, resolutions and issues before the MCAC, unless presiding at the meeting unless an ex officio member.
- 8.3** The MCAC shall elect its Chairperson and Vice Chairperson every year at its Spring Quarter meeting. The Chairperson may not succeed him/herself unless he or she is an interim officer. In the event a Chairperson or Vice Chairperson cannot fill his/her term of office, an interim officer(s) shall be elected by the MCAC to fill that term of office.
- 8.4** The MCAC shall have a three person Executive Committee. The Executive Committee shall be composed of the Chairperson, Vice Chairperson, and a member at large. The Chairperson, in consultation with the Vice Chairperson, shall appoint a member at large to serve on the Executive Committee for the duration of the term. The Executive Committee shall meet between meetings of the MCAC as necessary and shall assist the Chairperson in carrying out the day to day functions and responsibilities of the MCAC.
- 8.5** The Chairperson may appoint subcommittee(s) to do specific work for the MCAC. Each subcommittee shall report its findings and recommendations to the MCAC.

#### **Article IX—Sub-Committees**

- 9.1** The Chair shall appoint such sub-committees, as deemed necessary by DHCF Leadership or a majority of MCAC membership, to conduct the business and activities of the MCAC. Each sub-committee shall be established for the purposes and tenure approved by the full MCAC.
- 9.2** Each sub-committee shall be comprised of at least one member to be selected from the MCAC (including ex-officio members), to serve as Chair of the sub-committee, and may include other MCAC members, DHCF staff, the general public, and/or any public or voluntary agency.
- 9.3** Such sub-committee(s) shall submit oral and/or written reports of each sub-committee meeting at the next regular MCAC meeting. Reports may include specific motions or recommendations to be acted upon by the MCAC. Such reports of each sub-committee Chair are to be submitted to the MCAC Chair and appropriate liaison of DHCF, and made a matter of record.
- 9.4** Sub-committee(s) shall take no action that goes beyond assigned fact finding and the preparation of reports and recommendations to the full MCAC.

#### **Article X—Department Personnel**

- 10.1** DHCF Leadership shall provide technical assistance to the MCAC.
- 10.2** DHCF shall provide the Committee with
- 10.2.1** An MCAC Liaison;

- 10.2.2 Agency staff with the ability to synthesize minutes into concise form, and to support special projects, etc., as authorized by DHCF leadership; and
- 10.2.3 Independent technical assistance, as needed, to enable the MCAC to make effective recommendations.

### **Article XI—Conflict of Interest**

- 11.1 Members of the MCAC shall protect the needs of the District and ensure transparency around personal interests that may lead to direct, unique, pecuniary, or personal benefit. The MCAC shall consider actual or potential conflicts before discussing and/or voting on potential initiatives that might benefit, directly or indirectly, the private interest of a member.
- 11.2 Each MCAC member shall sign a conflict of interest disclosure form that discloses all material facts relating to any actual or potential conflicts of interest on occasions during their term that include, but are not limited to, the following:
  - 11.2.1 Initially, upon joining the MCAC;
  - 11.2.2 Annually, thereafter;
  - 11.2.3 Prior to any new business transactions with actual or potential conflict of interest; and
  - 11.2.4 Immediately upon becoming aware of an actual or potential conflict of interest.
- 11.3 Members will submit their signed conflict of interest disclosure forms to the MCAC Chairperson, or his or her designee.
- 11.4 The Chairperson shall review all declarations of conflict of interest and take one of the following courses of action:
  - 11.4.1 Instruct the member to recuse him or herself from voting on a matter in which he or she has a verified conflict;
  - 11.4.2 Instruct the member to disclose his or her conflict to the full MCAC; or
  - 11.4.3 Instruct the member to resign their current position on the MCAC and/or remove their name from consideration for an MCAC position.
- 11.5 The MCAC Chairperson shall report back all of his or her findings to the rest of the MCAC; all minutes of MCAC meetings shall capture these results and how the conflict was managed.
- 11.6 The MCAC Chairperson may choose at his or her discretion to refer conflict of interest issues to the DC Board of Ethics and Government Accountability.
- 11.7 An MCAC member shall inform the MCAC Chairperson immediately if they believe another member has failed to disclose actual or potential conflict of interest(s).
  - 11.7.1 The MCAC Chairperson shall afford the accused member the opportunity to explain the failure to disclose before any further actions are taken.
  - 11.7.2 If a breach is determined to have occurred, the matter shall be immediately referred to the Director of DHCF the Board of Ethics and Government Accountability for corrective action.



11.8 The above policies do not replace any relevant Federal or District laws regarding conflict of interest currently in place.

### **Article XII—Reimbursement of Expenses**

12.1 Reimbursement is provided by DHCF for certain expenses incurred by MCAC members such as travel and per diem, as determined by the Executive Committee and approved by DHCF.

12.2 DHCF shall make financial arrangements, if necessary, to make possible the participation of beneficiaries [CFR 42-431.12(f)5].

### **Article XIII—Reports and Recommendations**

13.1 The MCAC or any committee may prepare a majority report to the Department which reflects the wishes of as many of its members as possible. The opinions of members who disagree with a MCAC position in a majority report may prepare minority reports. The MCAC Liaison may be called upon to assist MCAC members in preparing both majority and minority reports.

13.2 MCAC reports and recommendations agreed to by a majority of the members should be submitted through the MCAC Chairperson to the Department.

13.3 Minority reports should be submitted in the same manner as majority reports.

13.4 MCAC may publish and submit an annual report to the Mayor and/or the DC City Council.

13.5 Press inquiries directed to MCAC or a member of MCAC shall be referred to the MCAC Executive Committee.

### **Article XIV—Records and Minutes**

14.1 Permanent records of all official actions, minutes, reports, reference material, etc., shall be maintained by the MCAC Liaison and shall be available for MCAC reference as provided by law.

### **Article XV—Conflict Resolution**

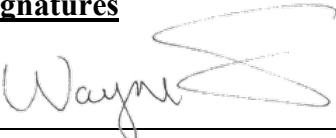
15.1 In the event a dispute arises between the MCAC (and or member) and leadership of DHCF on how to proceed regarding an issue of significance to the District of Columbia, the dispute shall be referred to the Executive Office of the Mayor (and/or the Deputy Mayor for Health and Human Services) for consideration and resolution.

### **Article XVI—Amendments**


- 16.1** Proposals for amendments to these organizational guidelines may be initiated by the Chairperson, members of the MCAC, or the MCAC Liaison.
- 16.2** Each proposed amendment must be submitted in writing to the Chairperson and referred by him/her to the MCAC as a whole.
- 16.3** MCAC members shall receive proposed amendments at least two (2) weeks prior to the next meeting of the MCAC.
- 16.4** By-Laws and Procedures may be altered, amended, or repealed, in whole or in part, by the affirmative vote of two-thirds (2/3) of the membership of the Committee at a regular or special session and with approval by the Director of DHCF.

Last revision: July 25, 1973  
November 29, 1995  
July 27, 2016  
June 24, 2020

**Signatures**

  
\_\_\_\_\_  
Wayne Turnage, Director, DHCF

12/8/2023  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Justin Palmer, Chair, MCAC

12/4/2023  
\_\_\_\_\_  
Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HUMAN SERVICES  
WASHINGTON, D. C. 20002

(2) file

OFFICE OF THE DIRECTOR

REPLY TO:

ORGANIZATION ORDER NO. 35

DATE: November 18, 1981

SUBJECT: Establishment of the D.C. Medical Care (Medicaid)  
Advisory Committee

By virtue of the authority vested in me by Mayor's Reorganization Plan No. 2 of 1979, and pursuant to DHS Organization Order No. 1 of February 21, 1980, it is hereby ordered that DHR Organization Order No. 59 of May 15, 1973 is replaced in its entirety by the following:

**Section I. Federal Authorization**

Section 1905(a)(4) of the Social Security Act and Section 431.12, Title 42 (Chapter IV), of the Code of Federal Regulations, requires the District to establish a committee to advise the D.C. Medicaid agency about health and medical care services.

**Section II. Purpose**

The D.C. Medical Care (Medicaid) Advisory Committee is established to act in an advisory capacity to the Director of the Department of Human Services, who serves as the official State agency authority for the Medicaid program, and to provide for advisory participation in the improvement and maintenance of the quality of the Medicaid program by:

1. Contributing specialized knowledge and experience to be added to that available within the Department, and
2. Providing a channel of communication between the Department and the individuals, organizations, and institutions in the community who receive or provide medical care services.

**Section III. Functions**

The Committee shall function to apprise the Director about changing practices relating to the delivery of health services; to explore designated problem areas; to contribute to the formulation of agency policies and standards; and to provide the necessary linkages between individuals, agencies, organizations and institutions in the community in the formulation of recommendations for the solution of problems encountered in the operation of the Medicaid program.

#### Section IV. Composition and Membership

The Committee shall consist of twenty-six members, appointed by the Director from among the following: (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 consumer groups, including Medicaid recipients, and consumer organizations such as labor unions, cooperatives, and other consumer sponsored groups; (3) citizens not currently recipients of Medicaid funded services but who are interested in the problems of health care delivery to low income populations; (4) one staff member designated by the Commissioner of Social Services and one staff member designated by the Commissioner of Public Health.

Appointments to the Committee will provide for rotation and continuity.

#### Section V. Compensation

Members shall serve without compensation, but appropriate expenses will be reimbursed as indicated in Section VII of this Order.

#### Section VI. Organization

The Committee shall determine its own organization, establish appropriate subcommittees, and shall adopt its own rules of procedure. The Chairman and Vice Chairman shall be appointed by the Director. Meetings of the Committee shall be as often as determined by the Committee but not less than once each three months. They shall be open to the public.

#### Section VII. Administration

The Office of the Director shall assist the Committee in matters of administration and shall provide it with necessary staff services. Expenses incurred by the Committee as a whole or by individual members thereof, when authorized by the Director, will become an obligation against funds designated for this purpose.

**Section VIII. Reports**

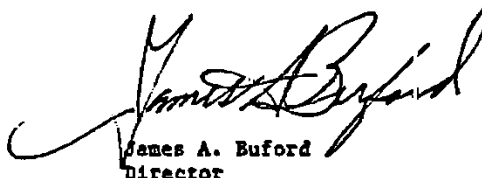
Reports and recommendations of the Committee shall be furnished to the Director and may be released at such times and under such circumstances as the Director may determine.

**Section IX. Records**

Records of meeting attendance and of the deliberations of the Committee shall be recorded and made a part of a public record.

**Section X. Effective Date**

The provisions of this Order are effective immediately.



James A. Buford  
Director

**Distribution**

Commissioners  
Administrators  
Office Heads

§ 431.12

(ii) A description of the organization and functions of the medical assistance unit and an organization chart; and

(iii) A description of the kinds and number of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.

(d) *Eligibility determined by other agencies.* If eligibility is determined by State agencies other than the Medicaid agency or by local agencies under the supervision of other State agencies, the plan must include a description of the staff designated by those other agencies and the functions they perform in carrying out their responsibility.

[41 FR 17931, Mar. 23, 1979]

§ 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 recipients, 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

42 CFR Ch. IV (10-1-98 Edition)

program administration, including furthering the participation of recipient 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 recipient members.

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

§ 431.15 Methods of administration.

A State plan must provide for methods of administration that are found by the Secretary to be necessary for the proper and efficient operation of the plan.

(Sec. 1902(a)(4) of the Act)

[41 FR 17931, Mar. 23, 1979]

§ 431.16 Reports.

A State plan must provide that the Medicaid agency will—

(a) Submit all reports required by the Secretary;

(b) Follow the Secretary's instructions with regard to the form and content of those reports; and

(c) Comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports.

[41 FR 17931, Mar. 23, 1979]

§ 431.17 Maintenance of records.

(a) *Basis and purpose.* This section, based on section 1902(a)(4) of the Act, prescribes the kinds of records a Medicaid agency must maintain, the retention period, and the conditions under which microfilm copies may be substituted for original records.

(b) *Content of records.* A State plan must provide that the Medicaid agency will maintain or supervise the maintenance of the records necessary for the proper and efficient operation of the plan. The records must include—

Health Care Financing Administration

(1) Individual records on each applicant and recipient that contain information on—

(i) Date of application;

(ii) Date of and basis for disapproval;

(iii) Facts essential to determination of initial and continuing eligibility;

(iv) Provision of medical assistance;

(v) Basis for discontinuing assistance;

(vi) The disposition of income eligibility verification information covered under §§ 435.940 through 435.960 this subchapter; and

(2) Statistical, fiscal, and other records necessary for reporting and accountability as required by the Secretary.

(c) *Retention of records.* The plan must provide that the records required in paragraph (b) of this section will be retained for the periods required by the Secretary.

(d) *Conditions for optional use of microfilm copies.* The agency may substitute certified microfilm copies for the originals of substantiating documents required for Federal audit and review the conditions in paragraphs (e) through (h) of this section are met.

(1) The agency must make a study its record storage and must show the use of microfilm is efficient and economical.

(2) The microfilm system must hinder the agency's supervision control of the Medicaid program.

(3) The microfilm system must—

(i) Enable the State to audit the priority of expenditures for which FFCI claimed; and

(ii) Enable the HHS Audit Agency and HCFA to properly discharge their respective responsibilities for reviewing the manner in which the Medicaid program is being administered.

(4) The agency must obtain approval from the HCFA regional office and include—

(i) The system meets the conditions of paragraphs (d)(2) and (3) of this section; and

(ii) The microfilming procedures are reliable and are supported by an adequate retrieval system.

[41 FR 17931, Mar. 23, 1979, as amended FR 7210, Feb. 28, 1986]