



State Medicaid Managed Care Advisory Committee Application for Membership

If you would like to be a member of the State Medicaid Managed Care Advisory Committee, please fill out this application. The committee advises HHSC on the statewide operation of Medicaid managed care, including:

- Program design and benefits
- Systemic concerns from clients and providers
- Efficiency and quality of services
- Contract requirements
- Provider network adequacy
- Trends in claims processing
- Other issues the HHS executive commissioner requests

HHSC will use the information on your application, resumé and letters of reference to decide if you are eligible to serve on this committee. If a question does not apply to you, enter "N/A."

Important note: A committee member who is a Medicaid client or a family member of a Medicaid client may be repaid for travel expenses if money is available and in accordance with the HHS Travel Policy. Other committee members aren't paid to attend or travel to and from committee meetings.

HHSC will not consider an application received after June 10.

SECTION 1 - Personal Information

Name:

Home Address:

City: State: TX ZIP: Phone:

Fax: Email:

Employment Information

Business/Organization:

Current Position Title:

Address:

City: State: TX ZIP: Phone:

Fax: Email:

Please check where you would like to receive further communications:

- Work Email Home Email Work Address Home Address

Application

- New/Initial Application (check if you have not previously served on the SMMCAC)
 Renewal Application (check if you have previously or are currently serving a term on the SMMCAC – note a maximum of two terms are allowed)

Gender

- Male Female

Race/Ethnicity

- American Indian/Alaskan Native Asian/Pacific Islander
 Black Hispanic
 White Other

SECTION 2 (ALL Applicants must Complete this Section.)

State law requires that the State Medicaid Managed Care Advisory Committee include the following categories. Please check the category you would like to apply for. You may select more than one category that applies to you. You must be a member of a category to apply in that category.

- A Medicaid managed care client 65 or older
- A Medicaid managed care client or family member who uses mental health services
- Entities with responsibilities for the delivery of long-term services and supports or other Medicaid service delivery including:
- Independent living centers
 - Aging and disability resource centers established under the Aging and Disability Resource Center initiative

- Community-based organizations serving low-income children and their families
- Community-based organizations engaged in perinatal services and outreach
- Managed care organizations and participating health care providers
- Rural providers

SECTION 3 (Person Currently with Medicaid and Family Member Applicants Only)

A person or family member of a person who receives Medicaid services may apply to be on this committee. A family member may apply to be on this committee if they are the parent, spouse, guardian, grandparent or adult sibling of a person receiving Medicaid services.

Please complete SECTION 3 only if you are a family member of or personally receive Medicaid. You may attach a resumé or certification if desired.

Please tell us about your direct experience with the State Medicaid Managed Care program.

Please tell us why you want to serve on the committee.

SECTION 4 (Professional Applicants Only)

A professional may apply to be on this committee. Professional applicants include providers and representatives of professional associations, non-profit organizations, managed care organizations and other subject matter experts.

Please complete SECTION 4 only if you are a professional applicant. You may attach a resumé or certification if desired.

Describe your direct knowledge of State Medicaid Managed Care programs.

Explain why you are interested in serving on this committee.

List your relevant personal and professional achievements, including current licensures and activities that address contributions you could make to the committee.

SECTION 5 Miscellaneous Information

Do you have a personal or private interest in a matter pending before HHSC? ("Personal or private interest" means you have a direct monetary interest in the matter or owe your loyalty to an entity involved, but does not include the member's engagement in a profession, trade or occupation when the member's interest is the same as all others similarly engaged in the profession, trade or occupation.)

No **Yes**

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?

No **Yes**

If yes, please explain:

Have you ever been disciplined by any licensing board or professional or civic organization, including the HHSC Inspector General?

No **Yes**

If yes, please explain:

Have you served, or are you currently serving, on other advisory committees, councils, boards, or work groups? If so, please list the name of the group, its charge, and your role.

SECTION 6 References

Please provide the names and contact information for two people who can tell us more about your qualifications to serve on the committee. References can include employers, clients, religious leaders, community leaders, advocates, friends or others who know about your interest in or involvement with service delivery through Medicaid.

Reference #1

Name:

Address:

City: State: ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

Reference #2

Name:

Address:

City: State: ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

SECTION 7 Member Participation and Affirmation

- Every member appointed to the committee must attend regularly and must participate in subcommittee activities.
 - ▶ Regular committee meetings are held about once every three to four months. The presiding officer may also call a special committee meeting. Members must travel to Austin for these meetings. Each meeting may last several hours.
 - ▶ Sometimes, members may participate in other activities in their home communities. These activities might include town hall meetings or presentations.
 - ▶ *Please note: A committee member who is a Medicaid client or a family member of a Medicaid client may be repaid for travel expenses if money is available and in accordance with the HHS Travel Policy. Other committee members aren't paid to attend or travel to and from committee meetings.*

If you are appointed, do you believe you will be able to regularly participate in committee activities?

No **Yes**

If no, please explain:

All the information contained in this application is true and correct. I understand that the committee will meet in Austin at least three times per year, or more as business needs dictate. If selected, I will make every effort to attend all committee meetings.

Signature (typed name is acceptable)

Date

Required documents:

- **Applicants** must submit the completed application.

Please send the required documents and any supporting documentation to:

HHS_Appointments@hhsc.state.tx.us
Attn: SMMCAC

Mail: Texas Health and Human Services Commission
P.O. Box 13247, Mail Code 0223
Austin, TX 78711
Attn: Susanna Sparkman

Fax: 512-206-3984
Attn: SMMCAC

If you have any questions about the committee, contact Sarah Melecki at sarah.melecki@hhsc.state.tx.us.

If you have any questions about the application process, or need an Americans with Disabilities Act accommodation or language assistance, please contact Susanna Sparkman at HHS_Appointments@hhsc.state.tx.us or 512-438-2897.

This agency does not discriminate against applicants and members of Texas Health and Human Services committees based on race, color, national origin, disability, religion, age or sex.