



MassHealth Member Advisory Committee (MAC) Application

Background

Application Purpose: You are completing this Application because you are interested in joining the MassHealth Member Advisory Committee (MAC). The MAC will provide advice to MassHealth on topics related to policy development and program implementation to improve quality and access to care for MassHealth members. Selected MAC members are expected to serve a two-year term. For more information on the MAC, please refer to the MAC Notice of Opportunity (NOO) and Frequently Asked Questions (FAQ) documents, or visit [MassHealth Member Advisory Committee \(MAC\) | Mass.gov](https://www.mass.gov/info-details/masshealth-member-advisory-committee-mac) (<https://www.mass.gov/info-details/masshealth-member-advisory-committee-mac>).



How to Find and Access the Application: This Application form is available on COMMBUYS (www.commbuys.com) and on the MAC website page ([MassHealth Member Advisory Committee \(MAC\) | Mass.gov](https://www.mass.gov/info-details/masshealth-member-advisory-committee-mac)). This Application form is also provided in Spanish, Haitian Creole, Portuguese, Simplified Chinese, and Vietnamese. The Application form is available in paper and electronic formats. If you need a copy of this document or any of the MAC informational or application materials sent to you, please contact the procurement coordinator, Shukri Osman, at shukri.osman@mass.gov or (781) 531-4363. You may also request a reasonable accommodation, such as getting the materials in an alternative format.

Answers are Protected: The MassHealth [Notice of Privacy Practices](https://www.mass.gov/lists/hipaa-forms-for-masshealth-members#masshealth---notice-of-privacy-practices-) describes how MassHealth can use and disclose your information. You can find the Notice of Privacy Practices at <https://www.mass.gov/lists/hipaa-forms-for-masshealth-members#masshealth---notice-of-privacy-practices->. This MAC Application may be subject to public disclosure as required by law. If your application is requested as part of a public records request, MassHealth will remove your name and any information we think can be used to identify you.

Please see the MAC FAQs for more information on how MassHealth will de-identify information.

Your application will not affect your benefits. You do not have to fill out this application to receive MassHealth benefits. Your decision to submit or not submit this application will not have any effect on your MassHealth benefits, eligibility, or services.

Instructions

Please answer the questions below.

Part 1: How To Contact Me

1. First Name: _____
2. Last Name: _____
3. Preferred Name: _____
4. Phone Number: _____
5. Email Address (if any): _____
6. Preferred Method of Communication (please provide your contact information for all that apply):
 - a. Phone Call _____
 - b. Email _____
 - c. Mail (Please provide mailing address): _____

Part 2: My MassHealth Experience

7. Select the option that best describes you at this time:

a. I am a **current** MassHealth member.

b. I am a **former** MassHealth member.

I had last had MassHealth on: (month/year if known) _____

i. Note: you must have had MassHealth in the last five years in order to be eligible to join the MAC.

c. I am a guardian or family caregiver of a current or previous MassHealth member.

I. Please describe:

II. Please share the name of the member(s) for whom you are a guardian or family caregiver:

III. Is the member for whom you are a guardian or family caregiver a current MassHealth member? Please select:

yes no do not know

Part 3: More About Me

Please Note: Responding to this section is voluntary and will not impact your eligibility for MassHealth benefits or services.

MassHealth is asking these questions in order to further MassHealth's goal to select a group of MAC members who, as a whole, reflect the diversity of the communities MassHealth serves. This includes individuals who reflect, for example, diverse ages; cultural, linguistic, community, racial, ethnic, health, disability, sexual orientation and gender identities; experiences; geographical communities; housing status; care settings (including facilities (e.g. nursing facilities), home, or community-based settings); and participation in MassHealth programs.

MassHealth understands that identity is complex and intersectional. Please choose as many boxes under each question as may be relevant to you. You can also add more information about yourself in question #19.

8. My Date of Birth: _____ 9. My ZIP Code (if you have one): _____
or select: "I am not currently housed."

10. If housed, please select the county in which you live, or select "I don't know."

- | | | |
|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Barnstable | <input type="checkbox"/> Franklin | <input type="checkbox"/> Norfolk |
| <input type="checkbox"/> Berkshire | <input type="checkbox"/> Hampden | <input type="checkbox"/> Plymouth |
| <input type="checkbox"/> Bristol | <input type="checkbox"/> Hampshire | <input type="checkbox"/> Suffolk |
| <input type="checkbox"/> Dukes | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Worcester |
| <input type="checkbox"/> Essex | <input type="checkbox"/> Nantucket | <input type="checkbox"/> I don't know |

11. What is your preferred language?

Spoken: _____ Written: _____

12. What is your race?

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other Race |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Choose not to answer |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

13. What is your ethnicity?

Ethnicity refers to your background, heritage, culture, ancestry or the country where you or your family were born. Select as many as may be appropriate for you.

- | | | |
|---|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Dominican | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> African American | <input type="checkbox"/> Eastern European | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> American | <input type="checkbox"/> European | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> South American |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Haitian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Honduran | <input type="checkbox"/> My ethnicity is not listed
(please specify):
_____ |
| <input type="checkbox"/> Caribbean Islander | <input type="checkbox"/> Japanese | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Korean | <input type="checkbox"/> Choose not to answer |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian/Lao | |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Middle Eastern or
North African | |

14. Which of these best describes your current gender identity?

Gender identity is how a person defines and understands their gender as a man, a woman, nonbinary, gender nonconforming, transgender, or something else. Select as many as may be appropriate for you.

- | | |
|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Gender identity not listed. Please specify:
_____ |
| <input type="checkbox"/> Female | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Transgender man/trans man | <input type="checkbox"/> Choose not to answer |
| <input type="checkbox"/> Transgender woman/trans woman | |
| <input type="checkbox"/> Gender queer/gender nonconforming/nonbinary/
neither exclusively male nor female | |

15. Which of these best describes your current sexual orientation?

Sexual orientation describes how a person defines their physical and/or emotional attraction to others. Select as many as may be appropriate for you.

- | | |
|---|---|
| <input type="checkbox"/> Straight or Heterosexual | <input type="checkbox"/> Sexual Orientation is not listed. Please specify:
_____ |
| <input type="checkbox"/> Lesbian or Gay | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Choose not to answer |
| <input type="checkbox"/> Queer, pansexual, or questioning | |

16. Do you consider yourself a person with a disability or do you have chronic health care needs?

- Yes

Please describe:

- | | |
|-----------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Choose not to answer |
|-----------------------------|---|

17. Do you reside in a facility or group home?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Choose not to answer |

18. Do you receive long-term services or supports or other community-based services at home?

Yes

Don't know

No

Choose not to answer

19. Please tell us more about who you are and your life experiences. For instance, you may share additional information about your race, ethnicity, gender, sexual orientation, disability, housing status, health needs, military experience, and more. You can choose to fill out your information below or attach a separate piece of paper with your response.

Part 4: My Availability

20. The MAC is expected to meet approximately six times per year, which is about every other month. Members will be required to attend all meetings to the extent possible. Most meetings are expected to be about two hours and may require some additional preparation time between meetings. MAC members will have the choice to join meetings in-person, by phone, or by computer (such as Zoom). MAC members can decide how they prefer to join meetings.

Will be able to attend MAC meetings six times a year?

Yes

No

Unsure

21. Members are expected to serve on the MAC for two years (also described as a "term"). Are you able to commit to the MAC for two years?

Yes

No

Unsure

Part 5: Why I Want To Join

Please attach a separate piece of paper with your responses. You can add additional pages as you feel necessary.

22. Why do you want to be a member of the MassHealth MAC?

23. Please share more about your MassHealth experience. Include examples of what has been positive and what has been challenging

24. What strengths would you bring that would help make the MAC successful?

25. Please tell us at least one thing you would like to improve or change about MassHealth and why.

Part 6: Other Information

26. Do you currently participate in any other MassHealth-run advisory groups?

Yes. If yes, please describe which groups (if you know):

No

Don't know

27. Is there anything else you'd like MassHealth to know?

28. If you are not selected as a MAC member, would you be interested in learning more about other opportunities to engage with MassHealth?

Yes

No

Unsure

Part 7: Signature

MassHealth will use the answers you provided in this Application to consider your potential membership for the MassHealth Member Advisory Committee (MAC).

By submitting this MAC Application, you agree to MassHealth's use of your information as described in this this MAC Application. This MAC Application may be subject to public disclosure as required by law. If your application is requested as part of a public records request, MassHealth will remove your name and any information we think can be used to identify you. Please type or sign your name on the line below.

Name

Date

Application Submission Instructions

MAC Applications are due no later than **September 27, 2024 at 5:00 PM**. If your Application is received after September 27, 2024 at 5:00 PM, it will not be reviewed. Please plan accordingly.

You may choose to submit this Application by mail or by email.

To submit by mail, send to:

Shukri Osman, Procurement Coordinator
Office of the General Counsel
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

To submit by email (please note, email is an inherently unsecure platform), send your completed application to the procurement coordinator, Shukri Osman, at shukri.osman@mass.gov

Thank you for completing this MAC Application Form! All individuals who complete an Application will be informed about whether or not they are selected to be on the MAC by email.

Please check this box if you would like to be notified by mail instead (and make sure to provide a mailing address in Section 1)