# 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](http://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 check your preferred selection):
	1. [ ]  Phone Call
	2. [ ]  Email
	3. [ ]  Mailing address (please provide mailing address if this is your preferred method):

## **Part 2: My MassHealth Experience**

1. Select the option that best describes you at this time:
	1. [ ]  I am a **current** MassHealth member.
	2. [ ]  I am a **former** MassHealth member.

When did your MassHealth coverage end?Click or tap to enter a date. (month/year if known)

* + 1. Note: you must have had MassHealth in the last five years in order to be eligible to join the MAC.
	1. [ ]  I am a guardian or family caregiver of a current or previous MassHealth member.
		1. Please describe:
		2. Please share the name of the member(s) for whom you are a guardian or family caregiver:
		3. Is the member for whom you are a guardian or family caregiver a current MassHealth member? Please select:

[ ]  yes

[ ]  no

[ ]  Don’t 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.

1. My Date of Birth:
2. My Zip Code (if you have one) or select: [ ] “I am not currently housed.”
3. If housed, please select the county in which you live, or select “I don’t know.”

[ ]  Barnstable

[ ]  Berkshire

[ ]  Bristol

[ ]  Dukes

[ ]  Essex

[ ]  Franklin

[ ]  Hampden

[ ]  Hampshire

[ ]  Middlesex

[ ]  Nantucket

[ ]  Norfolk

[ ]  Plymouth

[ ]  Suffolk

[ ]  Worcester

[ ]  I don’t know

1. What is your preferred language?

Spoken:

Written:

1. What is your race?

*Race refers to a person's self-identification with one or more social groups.*

Select as many as may be appropriate for you.

[ ]  American Indian or Alaska Native

[ ]  Asian

[ ]  Black or African American

[ ]  Middle Eastern or North African

[ ]  Native Hawaiian or Pacific Islander

[ ]  White

[ ]  Other Race

[ ]  Don’t know

[ ]  Choose not to answer

1. 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.

[ ]  African

[ ]  African American

[ ]  American

[ ]  Asian Indian

[ ]  Brazilian

[ ]  Cambodian

[ ]  Cape Verdean

[ ]  Caribbean Islander

[ ]  Central American

[ ]  Chinese

[ ]  Colombian

[ ]  Cuban

[ ]  Dominican

[ ]  Eastern European

[ ]  European

[ ]  Filipino

[ ]  Guatemalan

[ ]  Haitian

[ ]  Honduran

[ ]  Japanese

[ ]  Korean

[ ]  Laotian/Lao

[ ]  Mexican

[ ]  Middle Eastern or North African

[ ]  Portuguese

[ ]  Puerto Rican

[ ]  Russian

[ ]  Salvadoran

[ ]  South American

[ ]  Vietnamese

[ ]  My ethnicity is not listed (please specify): Click or tap here to enter text.

[ ]  Don’t know

[ ]  Choose not to answer

1. 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.

[ ]  Male

[ ]  Female

[ ]  Transgender man/trans man

[ ]  Transgender woman/trans woman

[ ]  Genderqueer/gender nonconforming/nonbinary/neither exclusively male nor female

[ ]  Gender Identity not listed Please specify:

[ ]  Don’t know

[ ]  Choose not to answer

1. 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.

[ ]  Straight or Heterosexual

[ ]  Lesbian or Gay

[ ]  Bisexual

[ ]  Queer, pansexual, or questioning

[ ]  Sexual Orientation is not listed Please specify:

[ ]  Don’t know

[ ]  Choose not to answer

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

[ ]  Yes

Please describe:

[ ]  No

[ ]  Choose not to answer

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

[ ]  Yes

[ ]  No

[ ]  Don’t Know

[ ]  Choose not to answer

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

[ ]  Yes

[ ]  No

[ ]  Don’t Know

[ ]  Choose not to answer

1. 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**

1. 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 you be able to attend MAC meetings six times a year?

[ ]  Yes

[ ]  No

[ ]  Don’t know

1. 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

[ ]  Don’t know

## **Part 5: Why I Want To Join**

You can choose to fill out your information below or attach a separate piece of paper with your response. You can add additional pages as you feel necessary.

1. Why do you want to be a member of the MassHealth MAC?
2. Please share more about your MassHealth experience. Include examples of what has been positive and what has been challenging.
3. What strengths would you bring that would help make the MAC successful?
4. Please tell us at least one thing you would like to improve or change about MassHealth and why.

## **Part 6: Other Information**

1. 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

1. Is there anything else you’d like MassHealth to know? You can choose to fill out your information below or attach a separate piece of paper with your response.
2. 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

[ ]  Don’t know

## **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 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)**