



District of Columbia Medical Care Advisory Committee (MCAC)

Member Application Form

DHCF is accepting applications to fill five vacancies on its MCAC. The five appointments will be for a three-year term.

Interested individuals are encouraged to familiarize themselves with the MCAC by-laws in advance of submitting an application. Per Article V of the MCAC by-laws (available at <https://dhcf.dc.gov/sites/default/files/u23/MCAC%20ByLaws%206.24.20%20Final%20-%20signed.pdf>).

- 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 (or representatives of 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.

For purposes of this application, DHCF is seeking to fill one (1) provider seat and four (4) beneficiary/advocate seats for three year terms.

All applications must be submitted to Dr. DaShawn Groves, Special Project Officer via e-mail at dashawn.groves@dc.gov, by September 30, 2022

Name:

Organization (if applicable):

Role (if applicable):

Phone Number:

Email address:

1. Choose one of the following to best identify yourself:

☐ I am a health care provider (or representative of providers).
I am a board-certified physician.

☐ I am a beneficiary/beneficiary advocate and may represent the following interests:

- Medicaid beneficiary;
- Individual legally responsible for a Medicaid beneficiary;
- Family member of Medicaid beneficiaries;
- Non-governmental social service agency; and/or
- Beneficiary advocate group.

2. In less than 1000 words, explain why you should be considered for appointment to the MCAC. DHCF will consider the following in your response, at minimum:

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

Click here to enter text. Your response must be no more than 1000 words.

3. **By signing here, you attest to the truth of statements provided in this application.** If chosen as an MCAC member, you agree to sign a conflict of interest form that discloses all material facts relating to any actual or potential conflicts of interest on occasions during your term.

Signature _____ Date _____