

**District of Columbia Medical Care Advisory Committee (MCAC)**

**Member Application Form**

**DHCF is accepting applications to fill five vacancies on its MCAC.**  **These 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/dc/sites/dhcf/publication/attachments/MCAC%20ByLaws_Final-Approved_7-27-2016.pdf>),

* 1. The MCAC shall consist of no more than fifteen (15) voting members.
  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.
  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:
     1. Medicaid beneficiaries;
     2. Individuals legally responsible for a Medicaid beneficiary;
     3. Family members of Medicaid beneficiaries;
     4. Non-governmental social service agencies; and/or
     5. Beneficiary advocate groups.

**For purposes of this application, DHCF is seeking to fill three (3) provider seats and two (2) beneficiary/advocate seats. The current MCAC membership roster is appended to this application for your information.**

All applications must be submitted to Ms. Trina Dutta, Special Projects Officer, at D.C. Department of Health Care Finance, 441 Fourth Street NW, 900 South, Washington, DC 20001, or via e-mail at [trina.dutta@dc.gov](mailto:trina.dutta@dc.gov), by Tuesday, October 3, close of business.

Name: Click here to enter name.

Organization (if applicable): Click here to organization.

Role (if applicable): Click here to enter title.

Phone Number: Click here to enter phone number.

Email address: Click here to enter 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.  Yes  No

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.

1. **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.

1. **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 Click here to enter a date.



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| **MCAC Membership and Terms** | | | |
| **Name** | **Advocate/**  **Beneficiary/Provider** | **Affiliation** | **Term Span (in years)** |
| Bowens, Jacqueline D. | Provider | District of Columbia Primary Care Association | 2 |
| Dale, Karen | Provider | AmeriHealth Caritas DC | 1 |
| Durant, Guy | Beneficiary | n/a | 3 |
| Elias, Nnemdi | Provider | United Medical Center | 1 |
| Greer, Sharra E. | Advocate | Children's Law Center | 3 |
| Hayashi, A. Seiji | Provider | Human Diagnosis Project, Mary’s Center | 2 |
| Jackson, Suzanne | Advocate | The George Washington Law School, Health Insurance Counseling Project | 3 |
| Kwarciany, Jodi | Advocate | DC Fiscal Policy Institute | 3 |
| LeVota, Mark | Provider | DC Behavioral Health Association | 3 |
| Levy, Judith | Advocate | DC Coalition on Long Term Care | 1 |
| Loubier, Erin M. | Provider | Whitman-Walker Health | 2 |
| Miller, Angela Renee | Beneficiary | EPD waiver beneficiary | 1 |
| Redmond, Leona | Advocate | Seniors Organized for Solutions NOW! (SOS-NOW!) | 2 |
| Sharpe, Veronica Damesyn | Provider | District of Columbia Health Care Association | 1 |
| Swanda, Ronald | Advocate | n/a | 2 |

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| **MCAC Ex-Officio Members** | | |
| **Agency** | **Director** | **Designee (if applicable)** |
| DC Office on Aging | Laura Newland | Christian Barrera |
| Department of Behavioral Health | Tanya Royster | Jim Wotring |
| Department of Disability Services | Andrew Reese | Greg Banks |
| Department of Health | LaQuandra S. Nesbitt | n/a |
| Department of Health Care Finance | Claudia Schlosberg | n/a |
| Department of Human Services | Laura Zeilinger | Trey Long |
| District of Columbia Public Schools | Antwan Wilson | Diana Bruce |
| Office of the State Superintendent of Education | Hanseul Kang | Heidi Schumacher |