



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

**Member Application Form**

**DHCF is accepting applications to fill five (5) vacancies on its MCAC (4 Advocate/Beneficiary, and 1 Provider). These appointments will be for three-year terms.**

Interested individuals are encouraged to familiarize themselves with the MCAC bylaws in advance of submitting an application. Per Article V of the MCAC bylaws (available at [https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/MCAC%20ByLaws\\_Final-Approved\\_7-27-2016.pdf](https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/MCAC%20ByLaws_Final-Approved_7-27-2016.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 seats and four (4) beneficiary/advocate seats. The current MCAC membership roster is appended to this application for your information.**

All applications must be submitted to Ms. Carmelita White, Executive Assistant, Office of the Senior Deputy Director/Medicaid Director, D.C. Department of Health Care Finance, 441 Fourth Street NW, Suite 900 South, Washington, DC 20001, or via e-mail at [carmelita.white@dc.gov](mailto:carmelita.white@dc.gov), by Thurs., September 5, 2019, close of business.

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.  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.

**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. *(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 \_\_\_\_\_



<b>MCAC Membership and Terms</b>			
<b>Name</b>	<b>Advocate/ Beneficiary; Provider</b>	<b>Affiliation</b>	<b>End of Term</b>
Durant, Guy	Advocate/Beneficiary	n/a	9/30/19
Garrison, Elizabeth	Provider	So Others Might Eat	9/30/22
Greer, Sharra E.	Advocate/Beneficiary	Children's Law Center	9/30/19
Hay, Robert Jr.	Provider	Medical Society of the District of Columbia	9/30/22
Jackson, Suzanne	Advocate/Beneficiary	The George Washington Law School, Health Insurance Counseling Project	9/30/19
LeVota, Mark	Provider	DC Behavioral Health Association	9/30/19
Levy, Judith	Advocate/Beneficiary	DC Coalition on Long Term Care	9/30/20
Moffitt, Robert Jr.	Advocate/Beneficiary	Family Member of Beneficiary	9/30/22
Palmer, Justin	Provider	DC Hospital Association	9/30/22
Paregol, Ian	Provider	DC Coalition of Disability Service Providers	9/30/20
Ruiz, Eva	Advocate/Beneficiary	GW Cancer Center	9/30/20
Scharf, Eric	Advocate/Beneficiary	Depression and Bipolar Support Alliance	9/30/22
Sharpe, Veronica Damesyn	Provider	District of Columbia Health Care Association	9/30/20
Smith, Tamara	Provider	District of Columbia Primary Care Association	9/30/20
Vacant	Advocate/Beneficiary	TBD	9/30/19

<b>MCAC Ex-Officio Members</b>		
<b>Agency</b>	<b>Director</b>	<b>Designee (if applicable)</b>
Department of Aging and Community Living	Laura Newland	Christian Barrera
Department of Behavioral Health	Dr. Barbara Bazron	Atiya Frame
Department of Disability Services	Andrew Reese	Greg Banks
Department of Health	LaQuandra S. Nesbitt	n/a
Department of Health Care Finance	Melisa Byrd	n/a
Department of Human Services	Laura Zeilinger	Anthea Seymour
District of Columbia Public Schools	Lewis Ferebee	Amy Maisterra
Office of Health Care Ombudsman	Maude Holt	n/a
Office of the State Superintendent of Education	Hanseul Kang	Heidi Schumacher