

Thank you for your interest in the Kentucky Medicaid Advisory Committee (MAC).

### **What is the Medicaid Advisory Committee (MAC)?**

The MAC advises the Cabinet for Health and Family Services and the Department for Medicaid Services on matters related to policy development and the effective administration of the Medicaid program. It is created pursuant to 42 CFR 431.12 and KRS 205.540.

### **How does the MAC work?**

There will be at least four MAC meetings each year. Meetings may be one to three hours long. Meetings will focus on Kentucky Medicaid services. The MAC must meet after the Beneficiary Advisory Council (BAC) meets.

### **How many members are on the MAC?**

There will be thirty-one (31) members consisting of five (5) ex-officio, fourteen (14) appointed by a nominating organization, five (5) healthcare advocates representing consumer advocacy groups, and seven (7) members from the Beneficiary Advisory Council (BAC).

### **How long does a member serve?**

Members will be selected for a two-year, three-year, or four-year term when the MAC first starts to ensure member terms do not end at the same time. After that, future appointments will serve four-year terms. Individuals cannot serve back-to-back terms but could be reappointed four years following the end of their term.

### **What else should I know?**

The Department for Medicaid Services will help members participate by providing support including but not limited to language services, personal assistance, and travel expenses.

BAC members do not have to submit an application to the Medicaid Advisory Committee.

### **Serving in Nominated Positions**

If you are interested in serving in one of the open nominated positions, please reach out to the individual listed on the MAC landing page at:

[chfs.ky.gov/agencies/dms/Pages/medicaidadvisory.aspx](http://chfs.ky.gov/agencies/dms/Pages/medicaidadvisory.aspx) and they will provide you with an application.

KENTUCKY MEDICAID ADVISORY COMMITTEE  
APPLICATION

Serving in Healthcare Advocacy Positions

If you are interested in serving on the committee in one of the healthcare advocacy positions, you can submit an application through the following options:

1. Complete the on-line application here: [KY MAC Application](#)
2. Fill out this application and email it to [KYMACTAC@ky.gov](mailto:KYMACTAC@ky.gov)
3. Print and fill out this application and mail it to:
  - **Kentucky Department for Medicaid Services**
  - **ATTN: Medicaid Advisory Committee**
  - **275 East Main Street, 2F**
  - **Frankfort, KY 40621**

If you have questions or need help submitting your application, you can email [KYMACTAC@ky.gov](mailto:KYMACTAC@ky.gov) or phone 502-892-8366 for assistance.

Completing the application does not guarantee that you will be chosen for the committee. Members will be appointed by the Commissioner of the Department for Medicaid Services.

KENTUCKY MEDICAID ADVISORY COMMITTEE  
APPLICATION

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

1. Which group are you applying to represent? (must be one of the following)

☐ Medicaid Managed Care Organization

☐ Healthcare Advocate per KRS 205.540, if checked, choose consumer advocacy group:

☐ Representing the elderly

☐ Representing individuals with behavioral health needs

☐ Representing persons reentering society following incarceration

☐ Membership includes low-income persons, children and youth, women, minorities and disabled persons

☐ Organization Nominating per KRS 205.540, if checked, select organization name:\*

☐ Kentucky Association of Healthcare Facilities

☐ Kentucky Association of Hospice and Palliative Care

☐ Kentucky Dental Association

☐ Kentucky Home Care Association

☐ Kentucky Medical Equipment Suppliers Association

☐ Kentucky Hospital Association

☐ Kentucky Medical Association

☐ Kentucky Nurses Association

☐ Kentucky Optometric Association

☐ Kentucky Podiatry Medical Association

☐ Kentucky Primary Care Association

☐ LeadingAge (formerly KY Association of Homes and Services for Aging)

☐ Kentucky Association of Health Plans

KENTUCKY MEDICAID ADVISORY COMMITTEE  
APPLICATION

*\* Applications must go to the organization for nomination. Please visit the [Medicaid Advisory website](#) for a list of the organization's contact information to initiate the application process.*

2. Will you be able to attend MAC meetings at least four times a year?

☐ Yes

☐ No

☐ Unsure

3. Why do you want to join the MAC? You are welcome to share information on your interest in joining and experience. Please include anything you would like us to know below.

KENTUCKY MEDICAID ADVISORY COMMITTEE  
APPLICATION

*To make sure we have members who represent the different Kentucky Medicaid programs and populations, we are asking that you share information about yourself. The information requested below will remain private.*

4. Please indicate your gender below:

5. With what racial/ethnic group do you most identify? We regret if the group most appropriate for you is not listed. If this is the case, please enter the group with which you identify.

☐ Asian or Pacific Islander

☐ African American (Black)

☐ Hispanic or Latino

☐ Native American or Alaska Native

☐ Caucasian (White)

☐ Other, enter other group here:

6. What is the primary language spoken in your home?

- If English is not the primary language in your home, would you like interpretation services to assist your participation on the MAC?

☐ Yes

☐ No

7. What is your age group?

☐ 18-21

☐ 46-65

☐ 22-30

☐ 66 and over

☐ 31-45

By submitting this application, you agree that the information in your application is true and accurate.

Signature:

Date: