Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF MEDICAID SERVICES

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Medicaid Advisory Committee Application

Thank you for your interest in the Wisconsin Medicaid Advisory Committee.

What is the Medicaid Advisory Committee?
The Medicaid Advisory Committee gives feedback and advice about Medicaid in Wisconsin. The group can affect Medicaid programs and the people who use them. Feedback and advice go to the Wisconsin Department of Health Services (DHS). DHS runs Medicaid in Wisconsin.

Who can be a part of the committee?
All providers and professionals who have experience with the Wisconsin Medicaid program can apply. We're looking for:

- Behavioral health provider
- Acute care case manager
- Long-term care direct care worker
- Member services advocate
- Health equity expert

How does the committee work?
Members attend four online meetings each year. You'll talk with the Medicaid Director and staff about program plans and decisions. You'll also get updates, have discussions, and ask questions.

The Medicaid Director selects the committee members. Members participate for 2-4 years.

How do I apply for the committee?
Apply by June 3. You can:

- Apply **online**
- Fill out this application and **email** it to DHSWIMedicaidProgram@dhs.wisconsin.gov
- Print and fill out this application and **mail** it to:
  Medicaid Advisory Committee
  c/o Amanda Dreyer
  1 W Wilson Street, Room 350
  PO Box 309
  Madison, WI 53701-0309

Responses can be short. A resume or short summary about you and your experience is welcome but not required. Please note, applying does not guarantee that you will be chosen for the committee. For help applying, email DHSWIMedicaidProgram@dhs.wisconsin.gov.

Medicaid Advisory Committee Application

Name	
City or County	
Phone Number	
Email Address	

1. What is your experience with Wisconsin Medicaid?

- ☐ Medicaid program participant
- ☐ Family member of a Medicaid program participant
- ☐ Medicaid provider
- ☐ Other

2. Why do you want to join the Medicaid Advisory Committee?

3. What experience will you share with the Medicaid Advisory Committee?

- ☐ My own experience as a Medicaid Member
- ☐ My experience as a family member of a Medicaid program participant
- ☐ My experience as a professional in the Medicaid program | Please describe:
- ☐ Other

4. Are you an elected official?

- ☐ No
- ☐ Yes | Please describe:

5. How did you hear about the Medicaid Advisory Committee?

6. Please include any other information you would like to share. (optional)

7. Do you want to keep your identity confidential?

You may ask that your identity be kept from public requests for information unless you are a finalist or selected for the committee. Learn more in Wisconsin Statutes 19.36(7)(a) and (b).

- ☐ Yes, I request confidentiality
- ☐ No, I do not request confidentiality

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

Signature: **Date**: