

Michigan Department of Health & Human Services (MDHHS) Beneficiary Advisory Council

Application for Beneficiary Advisory Council Membership

The Michigan Department of Health and Human Services (MDHHS) is forming a statewide Beneficiary Advisory Council (BAC). The BAC will provide members with a forum to communicate their experiences with the Medicaid program. BAC members will be in a unique position to advise MDHHS on matters related to policy development and effective administration of the Medicaid program.

The BAC will consist of current and former Medicaid members, as well as caregivers/guardians and family members of Medicaid members. The BAC will meet 4 times per year for 1 ½ - 2 hours. The BAC will meet virtually unless otherwise agreed to in advance. BAC members can choose to be compensated and reimbursed for costs associated with attending meetings. These include stipends, childcare, and respite for caregivers who need a replacement while they are at meetings.

Note: The deadline to submit an application is **Monday, April 14, 2025**. Incomplete or late applications will not be considered. For help with the application process please email: **MDHHS-BAC@michigan.gov**

PERSONAL INFORMATION

Note: If a caregiver/family member is completing this application, this section is for your information, with a question below to enter the Medicaid member's information.

MDHHS requires this information to confirm an applicant's Medicaid eligibility, or the person a caregiver/family member is representing. This information will not be made public. Any BAC member wishing to remain anonymous during meetings and/or on the BAC website will have the option to declare so prior to Orientation.

Name		Date of Birth	
Street Address			
City	County	State	Zip Code
Telephone			
E-Mail			
Preferred Method of Communication			
<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> Text

1. Which of the following describes your status as it relates to the Medicaid program?
(check all that apply)

- Currently enrolled in Michigan Medicaid
- Former Michigan Medicaid member within last 5 years.
- Former Medicaid member in another state within last 5 years. **Note:** Applicant may be asked to provide documentation confirming receiving Medicaid in another state.
- Caregiver or family member of Michigan Medicaid member

Name of individual you are caregiver or family member of:

Date of birth for the individual you are caregiver or family member of:

INTEREST IN PARTICIPATING

1. Please explain why you want to be a Beneficiary Advisory Council member.

2. There will be a need for multiple BAC members to be Co-Chairs. Responsibilities of Co-Chairs will include but not be limited to: assisting with leading of meetings, and coordinating with MDHHS staff in between meetings on creating agendas. Additional compensation will be provided to Co-Chairs. Considering this information, are you interested in leading as a Co-Chair of the Council?
 Yes No

3. In addition to attending BAC meetings, a portion of BAC members will attend the State's Medicaid Advisory Committee (MAC) quarterly meetings. These meetings can be attended virtually or in person and will serve as a forum to discuss various topics directly with MDHHS leadership. Would you be willing to attend these meetings in addition to BAC meetings?
 Yes No

4. Members will be expected to serve on the BAC for a specified term length. Which length of time would you prefer to be a BAC member for?
 2 years
 3 years
 No preference

5. The BAC meeting times will be determined by the availability of the majority of members. Please check all boxes that you are available to attend meetings.
 Weekday (Monday – Friday) mornings (8:00 am – 12:00 pm)
 Weekday (Monday – Friday) afternoons (12:00 pm – 4:00 pm)
 Weekday (Monday – Friday) evenings (4:00 pm – 8:00 pm)

6. Please explain any special accommodations you may need to regularly attend virtual meetings. Such assistance can include: access to a computer and/or wi-fi, subtitles, real-time language translation, and other suggested tools to attend virtually.

BACKGROUND

1. Please share your background (This is **optional** but helps ensure the BAC has members with different experiences to share).

Race: _____

Ethnicity: _____

Gender: _____

I consider myself as having a disability: Yes No

Veteran Status: Yes No

Sexual orientation: _____

Preferred Language: _____

KNOWLEDGE/SKILLS/EXPERIENCE HIGHLIGHTS

1. Diversity of experiences and backgrounds are important to inform Medicaid programs. Please describe your experience engaging with people of different backgrounds than your own.
2. What qualities do you possess that would help make the BAC successful?
3. Please describe your experience participating on any kind of advisory committees, work groups, discussion panels, and/or focus groups. **Note:** if you do not yet have this kind of experience it will not disqualify you from consideration.

4. Please provide any additional information you would like the BAC Selection Committee to know about you.

Please read and sign below:

I attest that all information provided in this application for membership to the Beneficiary Advisory Council is true and accurate. I understand that, if appointed, I will participate in a new member Orientation, and BAC quarterly meetings.

Signature

Date

Note: If not selected for the BAC, your application will be retained for two years.

Instructions for submitting completed application:

You may complete this application online by going here:

https://bphasa.qualtrics.com/jfe/form/SV_8wf2dfJlILLpxBQ

Return a completed application by mail to:

Department of Health and Human Services
ATTN: Program Policy Division – BAC
PO BOX 30731
Lansing, MI 48933

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.