



Alabama Medicaid Agency Medicaid Advisory Committee (MAC) Application Form

The Medicaid Advisory Committee (MAC) provides an advisory role to the state on health and medical services. This includes advising on policy matters and the effective administration of Medicaid programs. The committee aims to ensure that Medicaid services are accessible, high-quality, and meet the needs of Medicaid recipients.

Committee member responsibilities:

1. Share experiences and perspectives to help advise Medicaid on policy matters and the effective administration of Medicaid programs.
2. Commit to serving as an active committee member for 1-3 years.
3. Participate in quarterly meetings.
4. Suggest agenda items for future meetings.
5. Participate actively in discussions, listen to different perspectives, and work toward consensus advice on specific issues.

If you are interested in serving as a committee member, please complete this form and email it to BAC@medicaid.alabama.gov. Medicaid accepts applications at any time. If the committee is full, Medicaid will keep your application and review it when a spot opens. Medicaid aims to build a diverse committee, so not all applications will be accepted. Thank you for your interest!

Contact Information

1. First name _____
2. Last name _____
3. Gender:
☐ Male ☐ Female ☐ Prefer not to answer
4. Race:
☐ American Indian/Alaska Native
☐ Asian
☐ Black/African American
☐ Hispanic/Latino/Latina
☐ Native Hawaiian/Other Pacific Islander
☐ White/Caucasian
☐ Other
☐ Prefer not to answer
☐ Not sure



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5. County of residence _____
6. Occupation and title _____
7. Email _____
8. Phone number _____

Membership Details

9. How are you affiliated with the Alabama Medicaid program? (Check all that apply):
- ☐ Clinical provider or administrator
 - ☐ State or local advocacy group or community-based organization representative
 - ☐ Alabama Coordinated Health Network (ACHN) employee
 - ☐ Integrated Care Network (ICN) employee
 - ☐ Alabama state agency employee
 - ☐ Alabama Beneficiary Advisory Council (BAC) member
 - ☐ Other (please specify) _____
10. Describe your experience with the Alabama Medicaid program:
- _____
- _____
- _____
- _____
11. List any previous experience serving on an Alabama board or council. Include the dates if you know them.



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12. Describe why you are interested in serving on the MAC:

13. Do you require any special accommodations to participate in virtual or in-person meetings?
If so, please provide details.

14. How long would you be willing to serve on the MAC?

- ☐ One year
- ☐ Two years
- ☐ Three years