

**STATE MEDICAID ADVISORY COMMITTEE (SMAC) NOMINATION FORM**

The State Medicaid Advisory Committee (SMAC) is responsible for providing guidance on the strategic direction of Arizona’s Medicaid program as well as input on agency planning efforts and operational protocols that may impact on the services and support offered to Medicaid beneficiaries. The SMAC acts in an advisory capacity to AHCCCS' Director, providing insight on a variety of topics such as the 1115 waiver, system transformation efforts and the prioritization of initiatives aimed at enhancing and/or maintaining the ongoing stability of Arizona's health care delivery system. As a nationally recognized Medicaid program, AHCCCS has been a leader in advancing integrated care, value-based purchasing efforts aimed at driving down costs while enhancing health outcomes and in promoting the importance of social determinants of health in gaining a comprehensive understanding of the range of factors influencing individuals' health outcomes. You can nominate yourself or others. We look forward to hearing from you!

Nominator’s Name:	
Nominee’s Name:	
Address:	
City/State:	Zip Code:
Employer:	Position/Title:
Office Phone:	Fax:
Email:	
Category (mark one): <ul style="list-style-type: none"> <li>Public Member (Medicaid recipient, family member, advocate, etc.)</li> <li>Provider/Professional (hospital, FQHC, doctor/nurse, association, etc.)</li> </ul>	
Additional details for Provider/Professional Members. Please select all areas of expertise and experience: <ul style="list-style-type: none"> <li>Medical Provider</li> <li>Behavioral Health Provider</li> <li>Hospital/Clinic Administrator</li> <li>CEO/Director/President/CFO/Leadership for Association or Health Plan</li> <li>Advocate/Specialist for Social Determinants of Health (SDOH) - Housing, food, transportation, environmental issues, etc.</li> </ul>	
<i>What experience or skills does the nominee (you) have that would be a benefit to the committee? Please describe any professional and/or lived experience that demonstrates your</i>	

*qualifications for the committee below. Feel free to attach supporting documents that you would like considered as well.*

Please complete all fields and email to:

**Email:** [communityengagement@azahcccs.gov](mailto:communityengagement@azahcccs.gov)

AHCCCS, Division of Community Engagement & Regulatory Affairs

150 N 18<sup>th</sup> Avenue, Phoenix 85007

