

DATE: Interested Parties

TO: AHCCCS Administration

FROM: March 18, 2015

SUBJECT: Nomination Process for the State Medicaid Advisory Committee

The State Medicaid Advisory Committee (SMAC) reviews and advises AHCCCS on the operations, programs, and planning for Arizona's Medicaid program. On January 20, 2015, Arizona's SMAC voted to amend its bylaws to increase the SMAC membership adding three additional positions - two new positions designated for representatives of AHCCCS recipients, family members of an AHCCCS recipient, or a community-based organization and one new position designated to represent a provider or professional organization.

Nominations can be submitted by completing and submitting the attached Nomination Form. The nomination process will be open for 60 days through **May 18, 2015**. Appointments will be made by the AHCCCS Director and announced when the positions are filled.

STATE MEDICAID ADVISORY COMMITTEE (SMAC) Nomination Form

Your Name:		
Nominee's Name:		
Address:	City/State:	Zip Code:
Employer:	Position/Title:	
Office Phone Number:	Fax:	
E-Mail Address:		
Category (mark one): <input type="checkbox"/> Public Member (recipient, family member, advocate) <input type="checkbox"/> Provider/Professional (hospital, FQHC, doctor/nurse, association)		
What experience or skills does the nominee have that would be a benefit to the committee? 		
<p>Please complete all fields. Mail, Fax, or E-Mail to: AHCCCS, Office of the Director 801 E. Jefferson St., MD 4100 Phoenix, AZ 85034 Phone: (602) 417-4711 Fax: (602) 256-6756 E-Mail: theresa.gonzales@azahcccs.gov</p>		