

NC Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)

Application

You can help make NC Medicaid better for our beneficiaries. Your participation, experience and input will help us serve you better.

Please let us know your interest in joining by completing the form below. Not all applicants will receive a follow up response. We receive many applications and are working to fill any vacancies by considering whose perspective is missing and we prioritize members who would fill that vacancy.

Thank you.

** Indicates required question*

Contact Information:

Email* _____

Confirm email* _____

First name* _____

Last name* _____

Organization _____

Mailing Address* _____

City, State, Zip* _____

Phone number* _____

About You

- I would like to serve on the*:
 - Medicaid Advisory Committee (MAC)
 - Beneficiary Advisory Council (BAC)
- Why are you interested in participating in the MAC or BAC?* _____

- What skills, experience and perspective do you feel you can share?* _____

- If you could choose one thing to improve your experience with NC Medicaid, what would it be?* _____

- Do you now, or have you in the past, served on an advisory committee for NC Medicaid?
 - Yes
 - No

6. If you have served on an advisory committee for NC Medicaid, please list the name of the committee(s). _____

7. Please describe anything about your unique perspective not covered by the questions above.

8. Would you be able to travel to Asheville, Greenville, Greensboro or Raleigh, to meet twice a year in person? (reimbursement for travel and lodging is available). *

- Yes
- No
- Maybe

Demographic Questions (required)

9. What NC Medicaid program are you/your family in (or were in)? (check all that apply)*

Standard Plan

- AmeriHealth Caritas
- Carolina Complete Health
- Healthy Blue
- United Healthcare
- WellCare

Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan

- Alliance Health
- Partners
- Trillium
- Vaya
- NC Medicaid Direct
- ECBI Tribal Option
- Children and Family Specialty Plan (CFSP) (add once available)
- Not sure
- Not applicable
- Other: _____

10. Have you, a family member or as a caregiver received any of the following services?

- Innovations waiver
- Traumatic brain injury (TBI) waiver
- Tailored Care Management (TCM)
- Community Alternatives Program for Children (CAP/C)
- Community Alternatives Program for Disabled Adults (CAP/DA)
- Program of All-Inclusive Care for the Elderly (PACE)

Money Follows the Person (MFP)

Healthy Opportunities Pilot (HOP)

Other: _____

11. What county do you live in? *

Alamance

Alexander

Alleghany

Anson

Ashe

Avery

Beaufort

Bertie

Bladen

Brunswick

Buncombe

Burke

Cabarrus

Caldwell

Camden

Carteret

Caswell

Catawba

Chatham

Cherokee

Chowan

Clay

Cleveland

Columbus

Craven

Cumberland

Currituck

- Dare
- Davidson
- Davie
- Duplin
- Durham
- Edgecombe
- Forsyth
- Franklin
- Gaston
- Gates
- Graham
- Granville
- Greene
- Guilford
- Halifax
- Harnett
- Haywood
- Henderson
- Hertford
- Hoke
- Hyde
- Iredell
- Jackson
- Johnston
- Jones
- Lee
- Lenoir
- Lincoln
- Macon
- Madison
- Martin

- McDowell
- Mecklenburg
- Mitchell
- Montgomery
- Moore
- Nash
- New Hanover
- Northampton
- Onslow
- Orange
- Pamlico
- Pasquotank
- Pender
- Perquimans
- Person
- Pitt
- Polk
- Randolph
- Richmond
- Robeson
- Rockingham
- Rowan
- Rutherford
- Sampson
- Scotland
- Stanly
- Stokes
- Surry
- Swain
- Transylvania
- Tyrrell

- Union
- Vance
- Wake
- Warren
- Washington
- Watauga
- Wayne
- Wilkes
- Wilson
- Yadkin
- Yancey

The questions below are optional and the information will be used to help us better understand the disparity of the applicants. Our goal is to make sure the MAC and BAC reflect the diversity of our communities and to identify and address potential gaps in representation.

Your lived experience with NC Medicaid is the only information needed to apply for membership on the Beneficiary Advisory Council (BAC). Lived experience is your personal experience with NC Medicaid that gives you an understanding about the needs of NC Medicaid's beneficiaries.

12. What is your age group?

- 18-21
- 22-30
- 31-45
- 46-65
- 66 and over

13. How do you identify?

- Female
- Male
- Transgender Female
- Transgender Male
- Non-binary/Other
- Prefer not to say

Prefer to self-describe: _____

14. Do you have children under age 18 in your care?

- Yes
- No

15. How do you identify your sexual orientation?

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Prefer not to say

Other (please specify): _____

16. Do you consider yourself to be an individual living with a disability?

- Yes
- No

17. How else would you describe yourself? (select all that apply)

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Middle Eastern/North African
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Unknown
- Prefer not to say

Other (please specify): _____

18. What is your current housing situation?

- Living in a house or apartment and named on the lease/mortgage
- Living in a house with friends/family, not named on lease/mortgage
- Temporary emergency shelter
- Temporary/transitional housing program
- Sleeping in a tent or vehicle

Other (please specify): _____

19. How did you hear about the NC Medicaid MAC and BAC?

The information you provide will be kept confidential and used solely for the purpose of selecting members for the MAC or BAC. Your personal data will not be shared outside of this process without your explicit consent.