South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3495
FAX: 605.773.5246
WEB: dss.sd.gov

Medicaid Advisory Committee Nominations

South Dakota Department of Social Services (DSS), Division of Medical Services (Medicaid), is seeking nominations from interested parties to serve on the Medicaid Advisory Committee. The purpose of the Medicaid Advisory Committee (MAC) is to advise the State Medicaid agency on policies and processes related to the effective administration of the Medicaid program.

Medicaid is seeking dedicated and knowledgeable individuals to serve on this committee, ensuring that the needs and perspectives of our diverse population are effectively represented.

As a member of the Medicaid Advisory Committee, you will:

- Advise the Medicaid Director on matters related to policy development and matters related to the effective administration of the Medicaid program.
- Attend quarterly meetings and ad-hoc meetings as necessary, determined by the MAC.
- Display a commitment to promoting the Department of Social Services' mission of strengthening families to foster health, wellbeing, and independence.

If you are interested in serving on the MAC, or know someone who would be an excellent candidate, please complete the attached nomination form and email it to DSS.Medicaid@state.sd.us. All nominations will be considered and appointments to the MAC will be made by the Medicaid Director.

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Medicaid Advisory Committee Expression of Interest Form

Name: _____

Address: _____

Personal Phone: _____ Work Phone: _____

Occupation and Title:

_____

Email: _____

Please select the vacancy for which you are nominating:

☐ State or Local Advocacy Group or other community-based organizations (CBOs) that represent the interests of, or provide direct service, to Medicaid beneficiaries.

☐ Clinical providers or administrators who are familiar with the health and social needs of Medicaid beneficiaries and with the resources available and required for their care.

☐ Current Medicaid Beneficiary, their family members, or caregivers (note: must be willing to additionally serve on a Medicaid Beneficiary Advisory Council).

Experience with Medicaid:

Previous Board, Council or Community Advocacy Experience:

Reason you wish to serve on the committee:

Return nomination packets to DSS.Medicaid@state.sd.us. Please include a resume with submission of this form.