1. **ABOUT YOURSELF/THE NOMINEE**

**Name:**        **Job Title (if applicable):**

**Organization (if applicable):**

**Name of Signing Official for the Organization:**

**Address:**       **City, State, Zip code:**

**Telephone:**        **E-mail:**

**[ ]  Voice** **[ ]  Videophone** **[ ]  TTY**

**Preferred method of communication: [ ]  E-mail [ ]  Mail [ ]  Phone**

1. **QUALIFICATIONS**
2. INTEREST IN PARTICIPATING: Why do you want to serve on the SSIWG?

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1. KNOWLEDGE/SKILLS/EXPERIENCE HIGHLIGHTS: List three qualities that you have that will help the SSIWG achieve its goals and complete its work. This can include knowledge, skills, work, education, or other personal experience. If applicable, include any relevant experience with or knowledge of MassHealth’s social services integration efforts.

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1. DIVERSITY EXPERIENCE: Describe your experience with people with disabilities or with people of different social, racial and cultural backgrounds, including deaf and LBGTQ communities, or any experience that shows a commitment to diversity.

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1. **COMPOSITION OF THE SSIWG:**

Indicate your affiliations below:

**[ ]** I represent a Massachusetts provider organization, ACO, MCO, payer, SSO, or community-based organization with expertise in behavioral health, long-term services and supports (LTSS), and social determinants of health.

Specify organization and populations represented or served:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** I am an industry or non-industry expert in payment model design, data analysis, actuarial rate setting, health policy, evaluation, and quality measures.

Specify organization and/or populations represented or served:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** I am a consumer or family/caregiver advocate.

Specify organization and/or populations represented or served:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** I am a representative of academia or the research community with expertise relevant to the goals of the SSIWG. Expertise is defined as not less than five years of recent full-time employment in a subject area such as behavioral health, LTSS, social determinants of health, or other area relevant to the goals of the SSIWG.
(check applicable service type(s) below)

 [ ]  Social Determinants of Health [ ]  Behavioral Health [ ]  Long-Term Services and Supports Health

 [ ]  Other relevant area, please specify:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **GEOGRAPHIC COMPOSITION OF THE SSIWG:**

Indicate your geographic affiliations below:

I live/work in and am familiar with communities in the following county/ies (Check all that apply):

[ ]  Barnstable [ ]  Berkshire [ ]  Bristol [ ]  Dukes [ ]  Essex

[ ]  Franklin [ ]  Hampden [ ]  Hampshire [ ]  Middlesex [ ]  Nantucket

[ ]  Norfolk [ ]  Plymouth [ ]  Suffolk [ ]  Worcester

1. **RESUME:**

Attach a resume no longer than two pages in length that highlights your qualifications to serve on the SSIWG.

1. **ADDITIONAL INFORMATION:**

Attach any other information that would be relevant to the nominee’s application (up to 8 pages maximum).

1. **SUBMISSION INSTRUCTIONS:**

To be considered, interested individuals MUST submit a nomination form and resume by email to Melissa.Morrison@state.ma.us **no later than Friday, August 4, 2017, at 12:00 PM.** Hard copy submissions will not be accepted.

Contact Melissa Morrison at Melissa.Morrison@state.ma.us if you have questions or would like to request a reasonable accommodation, which may include obtaining the information in an alternative format**.**

1. **NOTICE AND SIGNATURE:**

Public Records Notice: In submitting this nomination form, you understand that any information contained within in it, including voluntary self-identification as a recipient of MassHealth or Medicare coverage, may be made public. All responses and information submitted in response to this nomination form are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10, and M.G.L. c. 4, § 7, subsection 26.

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| Nominee’s Signature (electronic signature accepted) |  | Date |

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| Signature of Organizational Signing Official (if nominee is representing an organization) (electronic signature accepted) |  | Date |