**NOMINATION FORM for**

**Stakeholder Work Groups for MassHealth’s 1115 Demonstration Renewal**

**Issued on August 31, 2020**

**ABOUT YOURSELF**

**Name:**

**Are you nominating yourself to represent an organization?: (yes/no)**

**Job Title (If Applicable):**

**Organization (If Applicable):**

**Street Address:**

**City, State, Zip Code:**

**Telephone:**

**Email:**

**Preferred method of communication:**

**WORK GROUP SELECTION (check off the work group or work groups for which you are nominating yourself).**

Strategic Design [ ]

Care Coordination [ ]

Primary Care [ ]

Note: In order to achieve appropriate representation in each work group, EOHHS may, in its sole judgement, invite nominees to participate in work groups other than the one(s) for which they are nominated.

**Please answer the following questions in no more than 100 words per question.**

1. **Qualifications:** For each work group you checked off, please describe your qualifications for serving on that work group.
2. **Interest in Participating:** Why do you want to serve on the work group(s)?
3. **Knowledge/Skills/Experience:** List three qualities that you have that will help the work group(s) achieve its/their goals.
4. **Health Equity - pursuing policies that reduce health disparities:** How have you demonstrated commitment to health equity, and how would you see yourself demonstrating it as a member of the work group(s)?
5. **Representation and Affiliations:** Please describe your affiliations with any stakeholder organizations or your relationship with MassHealth.

**SUBMISSION INSTRUCTIONS**

Return a complete copy of this nomination form by email to Melissa Morrison at the following address:

Melissa.Morrison@mass.gov

Please put “Stakeholder Work Group Nomination Form” in the subject line of your email.

**Nominations are due no later than Tuesday, September 22nd at 5:00PM.**