

The HSCRC Consumer Standing Advisory Committee (CSAC) members must reflect the gender, racial, ethnic and geographic diversity of the state and a diverse cross-section of consumers, consumer advocates, relevant subject matter experts, and other stakeholders.

The work of the CSAC will entail advising HSCRC in accordance with the information outlined in the Committee's description document: ***Maryland Health Services Cost Review Commission (HSCRC) Consumer Standing Advisory Committee- Scope and Charge_Updated6-24-2016***

Nomination Process and Due Date

Any interested party can nominate themselves or others for the CSAC membership. Nominee information in the ***nomination form*** included in this call for nominations must be sent via email to HSCRC.Quality@maryland.gov, and include **"CSAC Nomination"** in the Subject line. **This call for nominations is open until July 15, 2016.**

Selection of a Standing Committee

The members of the standing committee are selected to reflect the diversity of key healthcare stakeholder consumers. Members of a standing committee are selected based upon their expertise, their potential contribution to the scope of work defined for the Committee, and the need for input from a particular stakeholder perspective.

Participation Expectations

- Appointment notifications will be made in late July/early August 2016
- Meeting frequency is anticipated to be every one to two months
- Initial meeting will be in September 2016
- Meeting dates for the following year will be set in advance in late August 2016
- It is requested that members participate in person at the initial meeting if at all possible
- Participation options will include in person or by conference call and webinar
- Members will be invited to review information and provide input relevant to the issues and topics before the committee during the course of meetings and via interim emails
- Appointed members are asked to commit to full participation but may designate an alternate representative in the event there is/are occasion(s) in which they are unable to participate
- Committee membership term length(s) will be determined by the Committee at the initial meeting

HSCRC Consumer Standing Advisory Committee (CSAC) Call for Nominations
 Updated 6/24/2016

HSCRC CSAC Nomination Form		
Information Requested	Enter/Specify Requested Information	Additional Guidance (if any)
Nominator Name & Title		If self-nominating, indicate in Nominee section
Nominator Entity or Organization		
Contact phone		
Contact email 1		
Contact email 2		If applicable
Contact address		
Website URL		
Preferred mode(s) of contact		Enter preferred email addresses
Nominee Name & Title		Indicate "Self" as applicable
Nominee Entity or Organization		
Contact phone		
Contact email 1		
Contact email 2		
Contact address		
Website URL		
Preferred mode(s) of contact		Enter preferred email addresses
Nominee Designated Alternate Name & Title		If applicable
Entity or Organization		
Contact phone		
Contact email 1		
Contact email 2		
Contact address		
Website URL		
Nominee Admin Name		If applicable
Organization		
Contact phone		
Contact email 1		
Contact email 2		

HSCRC CSAC Nomination Form		
Information Requested	Enter/Specify Requested Information	Additional Guidance (if any)
Contact address		
Nominee's Affiliation(s)	Specify Profession, organization representing, role in organization, line of business, mission, populations representing.	Indicate ALL categories that apply that are relevant to CSAC work
Public Health	e.g., Research, academic	Check if Applicable ___
Health Department	e.g., State, regional, local	Check if Applicable ___
Government Policy Employee	e.g., DHMH, regional, local, etc.	Check if Applicable ___
Provider Representative	e.g., Hospital rep, physician/practitioner (primary care, specialist), other	Check if Applicable ___
Payer Representative	e.g., MCO, Medicare, Medicaid, etc.	Check if Applicable ___
Consumer Policy Advocate	e.g., non-government health policy advocate	Check if Applicable ___
Wraparound/Social Service Providers	e.g., transportation, financial or other assistance, etc.	Check if Applicable ___
Behavioral Health	e.g., provider, advocate	Check if Applicable ___
Health Literacy Expert	e.g., researcher, educator, etc.	Check if Applicable ___
Long Term Care	e.g., provider type, advocate, etc.	Check if Applicable ___
Community Based Organization (CBO)	e.g., care coordination provider,	Check if Applicable ___
Individual/Consumer Representative	e.g., individual representing themselves, unaffiliated with organization, hospital Patient Family Advisory Committee member, etc.	Check if Applicable ___
Other	Specify	Check if Applicable ___
Other	Specify	Check if Applicable ___
Narrative description of Nominee's experience and background represented.		Describe how the Nominee's expertise, experience, and diversity will contribute CSAC (enter in or attach- 2 page limit)
Narrative description of Nominee's connection to and interest in consumer		Include description of health care policy and reform issues of interest.

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Information Requested	Enter/Specify Requested Information	Additional Guidance (if any)
engagement in health care.		Please refer to CSAC charge document. (enter in or attach- 1 page limit)