



Intellectual and Developmental Disability System Redesign Advisory Committee Application for Advisory Committee Membership

If you wish to be a member of the Intellectual and Developmental Disability System Redesign Advisory Committee, please fill out this application. The Intellectual and Developmental Disability System Redesign Advisory Committee advises the HHS executive commissioner on the development and implementation of acute care services and long-term services and supports system redesign for people with IDD.

Please answer all questions.

If a question does not apply to you, enter "N/A."

If you would like to attach a resumé, please attach using the "attach file" button below.

HHSC will use the information on your application and resumé to decide if you're eligible to serve on this committee.

Important note: Only people who receive Medicaid and relatives of people who receive Medicaid may be repaid for travel to and from meetings.

HHSC won't consider an application received after 11:59 pm Feb. 23rd.

SECTION 1 - Personal Information

Name:

Home Address:

City: State: TX ZIP:

Phone: Fax: Email:

Employment Information

Business/Organization:

Address:

City: State: ZIP:

Phone: Fax: Email:

Current Position Title:

Check where you would like to receive further communications:

Work Email Home Email Work Address Home Address

Application

New/Initial Application

Renewal Application

Gender

Male

Female

Race/Ethnicity

American Indian/Alaskan Native

Asian/Pacific Islander

Black

Hispanic

White

Other

SECTION 2 (ALL applicants must complete this section.)

The HHSC Executive Commissioner will appoint seven members to the committee to serve until Aug. 31, 2021. The new members must represent any of the following categories.

Please select all that apply:

People with IDD who are waiver recipients.

People with IDD who are recipients of Intermediate Care Facilities for Individuals with Intellectual Disabilities.

Medicaid health care providers, managed care

Primary care physicians.

Non-physician mental health professionals.

Direct service workers.

Medicaid health care providers, non-managed care

Primary care physicians.

Specialty care providers.

Non-physician mental health professionals.

Representatives of entities with responsibilities for the delivery of Medicaid long-term support services or other Medicaid program service delivery.

Representatives of aging and disability resource centers established under the federally funded Aging and Disability Resource Center Initiative.

Service coordinators or case managers from private home providers that serve people with IDD.

Service coordinators or case managers from public home providers that serve people with IDD.

Service coordinators or case managers from community-based providers that serve people with IDD.

Private ICF-IDD providers.

Public ICF-IDD providers.

SECTION 3 (Recipients/Family Applicants Only)

A person who receives Medicaid services may apply to be on this committee. We call this person a "recipient." A family member of a current or former recipient may apply to be on this committee. A "family member" may be the parent, spouse, guardian, grandparent, or adult sibling of the current or former recipient.

Please complete SECTION 3 only if you are a recipient or a family member.

Please tell us about your direct experience navigating acute care and long-term services and supports for people with intellectual and developmental disabilities.

Please tell us why you want to serve on this committee.

SECTION 4 (Professional Applicants Only)

A professional may apply to be on this committee. Professional applicants include: providers, professional associations, non-profit organizations, managed care organizations and other subject matter experts.

Please complete SECTION 4 only if you are a professional applicant. You may attach a resumé or certification if desired.

Describe your direct knowledge of services and supports provided through acute care and long-term services and supports for people with intellectual and developmental disabilities.

Explain why you are interested in serving on this committee.

List your relevant personal and professional achievements, including current licensures and activities that address contributions you could make to the committee:

Have you ever been disciplined by any licensing board or professional or civic organization, including the HHSC Inspector General?

No Yes

If yes, please explain:

Member Participation

Every member appointed to the committee must attend regularly and must participate in subcommittee activities.

- Regular committee meetings are held once every three months. The presiding officer also may call a special committee meeting. Members must travel to Austin for these meetings. Each meeting may last several hours.
- Subcommittee meetings may meet at other times. Members may travel to Austin or may participate by phone. Each meeting may last several hours.
- Sometimes, members participate in other activities in their home communities. These activities might include town hall meetings or presentations.
- Please note: Only people who receive Medicaid and relatives of people who receive Medicaid will be repaid for travel to and from meetings.

Do you believe you will be able to regularly participate in Committee activities, if you are appointed?

No Yes

If no, please explain:

Miscellaneous Information

Do you have a personal or private interest in a matter pending before HHSC? ("Personal or private interest" means you have a direct monetary interest in the matter or owe your loyalty to an entity involved, but does not include the member's engagement in a profession, trade, or occupation when the member's interest is the same as all others similarly engaged in the profession, trade, or occupation.)

No Yes

Email: charles.bredwell@hhsc.state.tx.us

*Mail: Texas Health and Human Services Commission
P.O. Box 13247, Mail Code H370
Austin, TX 78711
Attn: Charles Bredwell*

*Fax: 512-487-3403
Attn: Charles Bredwell*

If you have any questions about the application, please contact Charles Bredwell at 512-462-6337 or by email at Charles.Bredwell@hhsc.state.tx.us.

If you have questions about the Intellectual and Developmental Disability System Redesign Advisory Committee please contact Joy Kearney at Joy.Kearney01@hhsc.state.tx.us.

You will receive confirmation that your application has been received within two business days of receipt. If you do not receive this confirmation, please contact Charles Bredwell at Charles.Bredwell@hhsc.state.tx.us.