

RICHARD M. ARMSTRONG - Director

## HEALTH & WELFARE

NATALIE PETERSON - Bureau Chief Bureau of Long Term Care DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-1968 FAX: (208) 332-7283

April 27, 2010

## Dear PAOC Member:

I would like your help recruiting individuals to be members on the Personal Assistance Oversight Committee (PAOC). The PAOC is an oversight subcommittee consisting of providers of personal assistance services, participants who receive personal assistance services, advocacy organizations representing participants, and other interested parties. Members of the PAOC help plan, monitor, and recommend changes regarding the Medicaid waiver and personal assistance programs to the Medical Care Advisory Committee (MCAC) The PAOC meetings are held quarterly and last approximately three hours. In an effort to keep travel minimal, these meetings are held via video and/or conference call.

The current openings on the Committee are for a representative from a provider agency, participants, and advocates. The representative will be asked to serve either a one year or two year term. The Committee felt that your representation would be very beneficial.

If you are aware of any individuals who you think would be good candidates for membership and be willing to serve, please use the attached application and remit to Marcie Young, Bureau of Long Term Care, by close of business on May 31, 2010, to the address or fax number below:

Marcie Young Administrative Assistant II Bureau of Long Term Care 3232 Elder St. Boise, ID 83705 youngm3@dhw.idaho.gov Fax: (208) 332-7283

Thank you for your assistance.

KI COUNTY

NATALIE PETERSON, Chief Bureau of Long Term Care

NP/my

Sincerely,



NATALIE PETERSON - Chief Bureau of Long Term Care Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 364-1968 FAX: (208) 332-7283

## **Personal Assistance Oversight Committee Application Form**

The purpose of the Personal Assistance Oversight (PAO) Committee is to plan, monitor, and make recommendations for changes about the quality and quantity of the personal assistance programs provided to participants under the Personal Care Services and Aged and Disabled Waiver programs to the Medical Care Advisory Committee. If you or someone you know might be interested in serving as a volunteer committee member, please complete the following information and return this form to:

Bureau of Long Term Care Marcie Young, Administrative Assistant II 3232 Elder St. Boise, ID 83705 Youngm3@dhw.idaho.gov FAX (208) 332-7283

Applicant	
Name:	
Mailing Address:	
Telephone Number:	Email:
Category of Membership Application	
A & D Waiver Participant Personal Representative Provider	
Agency Name:	Agency Region:
What qualities or skills does the above named person have and how would those qualities contribute to the committee?	
Person Making This Nomination	
Name:	Telephone Number:

Thank you for your time and consideration in providing this application.