



Mikki Stier, Medicaid Director

Medical Assistance Advisory Council (MAAC) Member Biography

Last Name	First Name
Telephone	Email

Please select your membership category:

- Professional Organization
 - Professional Entity
 - Business Entity
- Public Representative
 - Consumer Group
 - Recipient of Medicaid, or family member of Medicaid recipient
 - Consumer Organization
 - Other (please specify) _____
- hawk-i** Board
- Non-Voting
 - State Agency
 - Medical Institution
- General Assembly
 - House of Representatives
 - Senate
- LTSS Ombudsman

Name of entity, group, organization, member or other interested party whom you represent:

Please provide a brief biography regarding your background and interest in Iowa medical assistance (Approximately 300 words):

SUBMIT