

#### CalOptima Seeks Candidates to Participate on its Member Advisory Committee

The CalOptima Board of Directors welcomes input and recommendations from the community regarding issues concerning CalOptima programs. For this reason, the CalOptima Board encourages members and community advocates to become involved through an advisory group known as the **Member Advisory Committee** (MAC).

The MAC advises the CalOptima Board of Directors and staff. The committee is composed of 17 members representing the various constituencies that CalOptima serves. The committee's charge is to:

- Provide advice and recommendations to the CalOptima Board on issues concerning CalOptima programs as directed by the CalOptima Board.
- Engage in study, research and analysis of issues assigned by the Board or generated by the committee.
- Serve as a liaison between interested parties and the Board.
- Assist the Board in obtaining public opinion on issues relating to CalOptima programs.
- Initiate recommendations on issues for study to the CalOptima Board for their approval and consideration.
- Facilitate community outreach for CalOptima and the Board.

At this time, CalOptima is seeking candidates to participate on the MAC. **Service is voluntary, with no salary.** The following seats are available for representatives of:

- Dental Provider
- Local Education Agency

The committee encourages interested individuals with knowledge and support of Medi-Cal and Medicare to apply. To apply or to nominate an individual for the Member Advisory Committee, please mail, fax or email the attached candidate application along with a **biography or resume** to:

CalOptima Health Attn: Cheryl Simmons 505 City Parkway West Orange, CA 92868

Fax: 714-571-2479 or email: <a href="mailto:csimmons@caloptima.org">csimmons@caloptima.org</a>

If you have any questions, please call 714-347-5785.



# MEMBER ADVISORY COMMITTEE APPLICATION

Instructions: Please answer all questions. You may write or type your answers. Please use a separate sheet if necessary. If you have any questions regarding the application, please call Cheryl Simmons at 714-347-5785.

Name:	Work Phone:	
Address:City, State, ZIP:		
	Fax:	
Email:	Date:	
	ne following Member Advisory Committee (MAC) ppointment by the Board of Directors and I is on a voluntary basis:	
☐ Dental Provider		
☐ Local Education Agency		
Current position and tenure (i.e., emplo	yee, student, volunteer, retired, agency).	
Education and/or licenses (if applicable	e):	

What is your direct or indirect experience working with the CalOptima Health population you wish to represent on MAC? Please include any relevant community experience.	
Explain your ability and specific plan to reach out for input and communicate with the CalOptima Health population you would represent on the MAC (i.e., primary professional/trade association(s), stakeholder involvement, etc.)	
Please list similar committees on which you have served or describe your ability to collaborate in a multidisciplinary way.	
What is your understanding, experience, and familiarity with the diverse cultural community in Orange County?	

What is your current understanding and experience with CalOptima Health programs?		
Please explain why you wish to serve or this advisory committee on behalf of all	n the MAC and how you might uniquely contribute to CalOptima Health members.	
Include a biography or résumé and two	e	
Name:	Name:	
Relationship:	Relationship:	
Address:	*	
City, State, ZIP:		
Phone:		
Email:	Email:	
	tend all regularly scheduled bi-monthly MAC meetings	
Do you agree that you will advocate on providers during your service on the MA	behalf of all CalOptima Health members and/or AC? ☐ Yes ☐ No	
If selected as a representative on MAC, compliance courses within the appointer	do you agree that you will complete the required annual d timeframe?   Yes   No	

All Member Advisory Committee Representatives are appointed by the CalOptima Health Board of Directors and are subject to the CalOptima Health Code of Conduct.

#### **Public Records Act Notice**

Under California law, this form, the information it contains, and any further information submitted with it, such as biographical summaries and résumés are public records, with the exception of your address, email address, and telephone numbers, and the same information of any references provided. These documents may be presented to the Board of Directors for their consideration at a public meeting, at which time they will be published with the contact information removed, as part of the Board materials that are available on CalOptima Health's website, and even if not presented to the Board, will be available on request to members of the public.

Signature	Date

Submit this application, along with a biography or résumé and the preferred but optional letters of recommendation to:

CalOptima Health
505 City Parkway West
Orange, CA 92868
Attn: Cheryl Simmons
Office of the Clerk of the Board

Phone: 714-347-5785 Fax: 714-571-2479 Email: csimmons@caloptima.org



# Member Advisory Committee Available Position Descriptions

# Dental Provider Representative

### **Position Descriptions**

- Current experience as a Medi-Cal dental provider to collaborate with, and ability to reach out, seek input and advocate for CalOptima Health members in pursuit of their health and wellness
- Knowledge of CalOptima Health managed care systems and programs
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

# Local Education Agency

## **Position Description**

- Current experience working in a school district to collaborate with, and ability to reach out, seek input and advocate for CalOptima Health members in a school setting in pursuit of student's health and wellness
- Knowledge of CalOptima Health managed care systems and programs
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks