

#### CalOptima Seeks Candidates to Participate on its Member Advisory Committee 2025–2028

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 three-year seats are available for representatives of:

- Foster Children
- Member Advocate

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 by **May 1, 2025**, along with a **biography or resume** to:

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

Fax: 714-571-2479 or email: csimmons@caloptima.org

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:	Cell Phone:
City, State, ZIP:	Fax:
Email:	Date:

I hereby submit my application for the following Member Advisory Committee (MAC) seat(s) with a term beginning upon appointment by the Board of Directors through June 30, 2028) and I understand that service on the MAC is on a voluntary basis:

Foster ChildrenMember Advocate

Current position and tenure (i.e., employee, student, volunteer, retired, agency).

Education and/or licenses (if applicable):

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?

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What is your current understanding and experience with CalOptima Health programs?

Please explain why you wish to serve on the MAC and how you might uniquely contribute to this advisory committee on behalf of all CalOptima Health members.

Please specify which of CalOptima Health's threshold languages you speak fluently:

$\Box$ English	$\Box$ Spanish	□ Vietnamese	🗆 Farsi	🗆 Korean	$\Box$ Chinese	□ Arabic
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Include a biography or résumé and two references (below) with this application. Submitting letters of recommendation from your references is preferred but not required.

- 1) Professional
- 2) Community or Personal

Name:	Name:
Relationship:	Relationship:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Email:	Email:

If selected, are you able to commit to attend all regularly scheduled bi-monthly MAC meetings and volunteer to serve on at least one subcommittee?  $\Box$  Yes  $\Box$  No

Do you agree that you will advocate on behalf of all CalOptima Health members and/or providers during your service on the MAC?  $\Box$  Yes  $\Box$  No

If selected as a representative on MAC, do you agree that you will complete the required annual compliance courses within the appointed timeframe?  $\Box$  Yes  $\Box$  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 2025–2028 Position Descriptions

# **Foster Children Representative**

### **Position Description**

- Current experience collaborating with, and ability to reach out to, seek input from and advocate for CalOptima foster children in pursuit of their health and wellness
- When license or credential is required, applicant must have active California license/credential as appropriate.
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of CalOptima managed care systems and programs
- Minimum three years of experience representing CalOptima members directly
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Availability and willingness to attend regular, special and ad hoc MAC meetings
- All appointments to the committee will be made by the CalOptima Board and are subject to OIG/GSA verification and possible background checks.

# Member Advocate Representative

#### **Position Description**

- Current experience collaborating with, and ability to reach out, seek input and advocate for CalOptima Health members in pursuit of their health and wellness
- When license or credential is required, applicant must have an active CA license/credential as appropriate
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of CalOptima Health managed care systems and programs
- Minimum three years of experience directly representing CalOptima Health's Members
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- 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