CalOptima Health Seeks Candidates to Participate on its Member Advisory Committee

The CalOptima Health Board of Directors welcomes input and recommendations from the community on issues related to CalOptima Health programs. For this reason, the CalOptima Health 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 Health Board of Directors and staff. The committee, comprised of 20 members, represents the various constituencies that CalOptima Health serves. The committee's charge is to:

- Provide advice and recommendations to the CalOptima Health Board on issues concerning CalOptima Health programs as directed by the CalOptima Health 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 Health programs.
- Initiate recommendations on issues for study to the CalOptima Health Board for their approval and consideration.
- 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
- Facilitate community outreach for CalOptima Health and the Board.

Currently, CalOptima Health is seeking a candidate to participate on the MAC. **Service is voluntary, with no stipend.** The following seat is available to fulfill an existing term for the representative of:

- **Children**

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: csimmons@caloptima.org

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

MEMBER ADVISORY COMMITTEE
COMMUNITY 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, 2027, and I understand that service on the MAC is on a voluntary basis:

☐ **Children Representative**

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?

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.

For demographic purposes only, which group best describes your race? (One or more groups may be marked)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Prefer Not to Answer

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

☐ English ☐ Spanish ☐ Vietnamese ☐ Farsi
☐ Korean ☐ Chinese ☐ Arabic ☐ Russian

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

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

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

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

If selected as a representative on MAC, do you agree to complete the required annual compliance courses within the appointed 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 additional information submitted with it, such as biographical summaries and résumés, are public records, with the exception of your address, email address, and telephone numbers, as well as the same information for 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