



**CalOptima Seeks Candidate to Serve on its
Member Advisory Committee
FY 2016–17**

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 **Member Advisory Committee** advises the CalOptima Board of Directors and staff. The CalOptima MAC is composed of 15 members representing the various constituencies that CalOptima serves. The charge of the committee 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 a candidate to participate on its Member Advisory Committee. **Service on the MAC is voluntary and with no salary.** The following seat is available:

♦ **Foster Children**

The committee encourages interested individuals with knowledge of Medi-Cal and Medicare. To apply or to nominate an individual for the Member Advisory Committee, please mail, fax or email the attached candidate application by **December 16, 2016**, along with a **biography or résumé** to:

CalOptima
Attn: Becki Melli
505 City Parkway West
Orange, CA 92868
Fax: 714-481-6469 or email: bmelli@caloptima.org

If you have any questions, please call 714-246-8635.

MEMBER ADVISORY COMMITTEE APPLICATION

Fiscal Year 2016–2017

Instructions: Please answer all questions. You may write or type your answers. If you have any questions regarding the application, call 1-714-246-8635.

Name: _____ Work Phone: _____
Address: _____ Cell Phone: _____
City, State, ZIP: _____ Fax Number: _____
Email: _____

Please submit my application for the following Member Advisory Committee (MAC) seat (check):

☐ **Foster Children**

Current position (e.g., title, student, volunteer, retired, etc.): _____

1a. What is your direct or indirect experience working with the CalOptima population you wish to represent on the MAC?

1b. Include any relevant community experience.

2a. What is your understanding of and familiarity with the diverse cultural and/or special needs populations in Orange County?

2b. Include relevant experience related to working with diverse populations.

3. What is your current understanding of managed care systems and/or CalOptima?

4a. Please explain why you wish to serve on CalOptima's MAC.

4b. Please explain why you would be a qualified representative to serve on the MAC.

5. Do you speak any of CalOptima's threshold languages besides English (Spanish, Vietnamese, Farsi, Korean, Chinese or Arabic)?

6. If selected, are you able to commit to a bimonthly MAC meeting as well as serve on at least one subcommittee? Yes ☐ No ☐

7. References (professional, community or personal):

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

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 resumes, 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's web site, and even if not presented to the Board, will be available on request to members of the public.

Signature

Date

Submit with a biography or résumé to:

CalOptima, Attn: Becki Melli, 505 City Parkway West, Orange, CA 92868

For questions, call 1-714-246-8635 or email bmelli@caloptima.org.

Application must be received by December 16, 2016