



CalOptima Seeks Candidates to Participate on its Whole-Child Model Family Advisory Committee

FY 2019-2020

The Whole-Child Model (WCM) has been authorized to incorporate California Children's Services (CCS) covered services for Medi-Cal eligible children and youth into a Medi-Cal Managed Care Plan benefit. A provision of the Whole-Child Model requires that health plans establish a family advisory committee.

The CalOptima Board of Directors welcomes input and recommendations from its members and the community regarding CalOptima programs. Accordingly, CalOptima encourages members and community advocates to become involved in the Whole-Child Model Family Advisory Committee (WCM FAC).

The WCM FAC will be composed of members and family of members receiving CCS services and community advocates that serve them. The committee will report to the Board and will be asked to:

- Provide advice and recommendations to the Board and staff on issues concerning CalOptima Whole-Child Model as directed by the Board and as permitted under applicable law.
- Engage in study, research and analysis of issues assigned by the Board or generated by staff or the family advisory committee.
- Serve as liaison between interested parties and the Board and assist the Board and staff in obtaining public opinion on issues relating to CalOptima Whole-Child Model.
- Initiate recommendations on issues for study to the CalOptima Board for its approval and consideration and facilitate community outreach for CalOptima Whole-Child Model and the Board.

CalOptima is seeking candidates to serve as Community Members on its WCM FAC. The following two-year seats are available:

- Community-based organizations
- Consumer advocates

Interested individuals with knowledge of or experience with CCS should send the completed application, a biography or résumé and the appropriate disclosure forms as soon as possible. Recruitment will remain open until seats are filled. Please send to:

- CalOptima, Attn: Cheryl Simmons, 505 City Parkway West, Orange, CA 92868 or fax to: **1-714-571-2479**.

If you have any questions, please call **1-714-246-8635**. TDD/TTY users can call toll-free at **1-800-735-2929**. We have staff who speak your language.

Whole-Child Model Family Advisory Committee (WCM FAC) Community Application Fiscal Year 2019-2020

**Instructions: Please answer all questions. You may handwrite or type your answers.
Attach an additional page if needed.
If you have any questions regarding the application, call 1-714-347-5785.**

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

Please see the eligibility criteria below:

Two (2) seats will represent the interests of children receiving California Children’s Services (CCS), including:

- Community-based organizations
- Consumer advocates

Except for two designated seats appointed for the initial year of the Committee, all appointments are for a two-year period, subject to continued eligibility to hold a Community representative seat.

Current position and/or relation to a community-based organization or consumer advocate(s) (e.g., organization title, student, volunteer, etc.):

1. Please provide a brief description of your direct or indirect experience working with the CalOptima population receiving CCS services and/or the constituency you wish to represent on the WCM FAC. Include any relevant community experience:

2. What is your understanding of and familiarity with the diverse cultural and/or special needs of children receiving CCS services in Orange County and/or their families? Include any relevant experience working with such populations:

3. What is your understanding of and experience with California Children's Services, managed care systems and/or CalOptima?

4. Please explain why you wish to serve on the WCM FAC:

5. Describe why you would be a qualified representative for service on the WCM FAC:

6. Other than English, do you speak or read any of CalOptima's threshold languages, such as Spanish, Vietnamese, Korean, Farsi, Chinese or Arabic? If so, which one(s)?

7. If selected, are you able to commit to attending WCM FAC meetings, as well as serving on at least one subcommittee? Yes No

8. Please supply two references (professional, community or personal):

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

City, State ZIP: _____ City, State ZIP: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Submit with a **biography or résumé** to:

CalOptima, 505 City Parkway West, Orange, CA 92868

Attn: Cheryl Simmons

Email: <mailto:csimmons@caloptima.org>

For questions, call **1-714-347-5785**

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

Signature

Date

Print Name