



CalOptima Health Seeks Whole-Child Model Family Advisory Committee Candidates

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

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

The WCM FAC is composed of members, family of members receiving CCS services and community advocates who serve them. The committee reports to the Board and are asked to:

- Provide advice and recommendations to the Board and staff on issues concerning CalOptima Health's 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 WCM FAC
- Serve as liaison between interested parties and the Board, and assist the Board and staff in obtaining public opinion on issues relating to CalOptima Health's Whole-Child Model
- Initiate recommendations on issues for study to the CalOptima Health Board for its consideration and approval, as well as facilitate community outreach for CalOptima Health's Whole-Child Model and the Board.

CalOptima Health is seeking candidates to serve as community members on the WCM FAC. The following two-year seats are available:

- **Community-based organization**
- **Consumer advocate**

All appointments begin July 1, 2023 through June 30, 2025.

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

CalOptima Health

505 City Parkway West

Orange, CA 92868

Attn: Cheryl Simmons

Office of the Clerk of the Board

Or send via email to <mailto:csimmons@caloptima.org>

or fax to 714-571-2479

For questions, please call 714-347-5785.



Whole-Child Model Family Advisory Committee Community Application 2023

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 714-347-5785.

Name:		Work Phone:	
Address:		Cell Phone:	
City:		Fax:	
State:	Zip:	Date:	
Email:			

I hereby submit my application for the following Whole-Child Model Family Advisory Committee (WCM FAC) Community Representative seats, and I understand that service on the WCM FAC is on a voluntary basis with no stipend:

- Community-based organizations**
- Consumer advocate**

All appointments are for a two-year period beginning July 1, 2023 through June 30, 2025. These seats are subject to continued eligibility to hold a Community Representative seat.

1. Please provide a brief description of your direct or indirect experience working with the CalOptima Health population receiving California Children’s Services (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: _____



Whole-Child Model Family Advisory Committee Community Application 2023

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

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: _____

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

English, Spanish, Vietnamese, Farsi, Korean, Chinese or Arabic

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

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

9. If selected as a representative on WCM FAC, do you agree that you will complete the required compliance courses within the appointed time frame? Yes No

All advisory committee representatives are appointed by the CalOptima Health Board of Directors and are subject to the CalOptima Code of Conduct.



Whole-Child Model Family Advisory Committee Community Application 2023

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

- 1) Professional
- 2) Community or Personal

Name:	Name:
Relationship:	Relationship:
Address:	Address:
City:	City:
State:	State:
Zip:	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 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 resume and your two reference letters 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



Whole-Child Model Family Advisory Committee Member Application 2023

LIMITED PRIVACY WAIVER

Under state and federal law, the fact that a person is eligible for Medi-Cal and California Children's Services (CCS) is a private matter that may only be disclosed by CalOptima Health as necessary to administer the Medi-Cal and CCS program, unless other disclosures are authorized by the eligible member. Because the position of Member Representative on Whole-Child Model Family Advisory Committee (WCM FAC) requires that the person appointed must be a member or a family member of a member receiving CCS, the member's Medi-Cal and CCS eligibility will be disclosed to the general public. The member or their representative (e.g. parent, foster parent, guardian, etc.) should check the appropriate box below and sign this waiver to allow his or her, or his or her family member or caregiver's name to be nominated for the advisory committee.

- MEMBER APPLICANT** — I understand that by signing below and applying to serve on the WCM FAC, I am disclosing my eligibility for the Medi-Cal and CCS program, the fact of which is otherwise protected under state or federal law. I am not agreeing to disclose any other information protected by state or federal law.

- FAMILY MEMBER APPLICANT** — I understand that by applying to serve on the WCM FAC, my status as a family member of a person eligible for Medi-Cal and CCS benefits is likely to become public. I authorize the disclosing of my family member's (insert name of member: _____) eligibility for the Medi-Cal and CCS program, the fact of which is otherwise protected under state or federal law. I am not agreeing to disclose any other information protected by state or federal law.

Medi-Cal/CCS Member: (Printed Name)	
Applicant Printed Name:	
Applicant Signature:	Date: