



**VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION
dba Gold Coast Health Plan
PUBLIC NOTICE OF COMMITTEE VACANCIES**

NOTICE IS HEREBY GIVEN that the Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan (GCHP) is accepting applications for vacancies on the Consumer Advisory Committee (CAC).

The Consumer Advisory Committee currently has one (1) seat up for appointment: three (3) seats have a term expiring August 2017.

The Consumer Advisory Committee meets at least quarterly and is an avenue for the Committee and Plan Members to give input on GCHP's policies and operations. The CAC reviews policies and programs, explores issues and makes recommendations on how the Plan may fulfill its mission.

The CAC is comprised of eleven (11) voting members with two (2) dedicated seats, one (1) representing the Ventura County Health Care Agency (VCHCA) and one (1) for the Ventura County Human Services Agency (VCHSA). The other nine (9) seats are constituents of: Foster Children, Medi-Cal Beneficiaries (or Parent/Guardian of Beneficiary Member), Chronic Medical Conditions, Persons with Disabilities and Special Needs and Seniors. Each of the appointed members, with the exception of the designated seats, serve a two-year term, have no term limits, and individuals can apply for reappointment.

The application period expires on Friday, September 29, 2017 at 5:00 p.m. Committee Members are appointed by the Commission and are anticipated to be made at the November 27, 2017 Commission Meeting.

Tracy J. Oehler, Clerk of the Board



**Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
COMMITTEE APPOINTMENT APPLICATION FORM**

Name of Applicant: _____

E-mail Address: _____

Home Address: _____ City: _____ Zip _____

Home Phone: _____

Current Employer: _____

Work Address: _____ City: _____ Zip: _____

Work Phone: _____

Name of Committee to which you are applying: Consumer Advisory Committee

EXPERIENCE : What experience, training, education, or interests, specifically qualifies you as an appointee to the Committee?

PUBLIC SERVICE: List past or present public service appointments, or elected positions held (please list dates served):

PUBLIC SERVICE AGENCIES: List any affiliation you or your spouse has with public service agencies:

AFFILIATIONS: List past or present affiliations with private and / or public health plans.

ORGANIZATIONS: List community organizations to which you belong:

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

REFERENCES: Provide a minimum of three references and their contact information:

1. Name: _____

Affiliation: _____

Contact Phone Number: _____

2. Name: _____

Affiliation: _____

Contact Phone Number: _____

3. Name: _____

Affiliation: _____

Contact Phone Number: _____

You are invited to include a copy of your resume or any supplemental information that you feel may assist in the evaluation of your application

(Signature)

(Date)

COMPLETE FORM AND RETURN TO:
Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
Clerk of the Board
711 E. Daily Drive, Suite #106
Camarillo, CA 93010-6082
(805)437-5509