



Policy: AA.1271  
Title: **Whole-Child Model Family Advisory Committee**  
Department: Executive Office  
Section: Office of the Clerk of the Board

*CEO Approval: /s/ Michael Hunn 01/29/2025*

Effective Date: 06/07/2018

Revised Date: 01/01/2025

Applicable to: ☒ Medi-Cal  
☐ OneCare  
☐ PACE  
☒ Administrative

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## I. PURPOSE

This policy describes the composition and role of the Family Advisory Committee for the Whole-Child Model (WCM) program and establishes a process for recruiting, evaluating, and selecting prospective candidates to the Whole-Child Model Family Advisory Committee (WCM FAC).

## II. POLICY

- A. As directed by CalOptima Health's Board of Directors (Board), the WCM FAC shall report to the CalOptima Health Quality Assurance Committee (QAC) and shall provide advice and recommendations to the CalOptima Health Board and CalOptima Health staff in regard to California Children's Services (CCS) provided by CalOptima Health Medi-Cal's implementation of the WCM program and relevant policies and procedures affecting quality and Health Equity updates. CalOptima Health shall inform WCM FAC members how their input was incorporated.
- B. CalOptima Health's Board encourages Member and community involvement in CalOptima Health programs.
- C. CalOptima Health shall designate a staff member and maintain a written job description detailing the staff member's responsibilities, which include the responsibility to manage the operations of the WCM FAC in compliance with all statutory, regulatory, and contractual requirements.
- D. WCM FAC Members shall recuse themselves from voting or from decisions where a conflict of interest may exist and shall abide by CalOptima Health's conflict of interest code and, in accordance with CalOptima Health Policy AA.1204: Gifts, Honoraria, and Travel Payments.
- E. CalOptima Health shall provide timely reporting of information pertaining to the WCM FAC as requested by the Department of Health Care Services (DHCS).
- F. The composition of the WCM FAC shall reflect the cultural diversity and special needs of the health care consumers within the Whole-Child Model population. WCM FAC members shall have direct or indirect contact with CalOptima Health Members.
- G. An organization may have no more than one (1) employee or representative on the WCM FAC at any one time.

- H. An individual may participate in no more than one (1) CalOptima Health Advisory Committee at any one time.
- I. In accordance with CalOptima Health Board Resolution No. 17-1102-01, the WCM FAC shall be comprised of eleven (11) voting members representing CCS family members, as well as consumer advocates representing CCS families. Except as noted below, each voting member shall serve a two (2) year term with no limits on the number of terms a representative may serve.
  - 1. Seven (7) to nine (9) of the seats shall be family representatives in one (1) of the following categories, with a priority to family representatives (i.e., if qualifying family representative candidates are available, all nine (9) seats will be filled by family representatives):
    - a. Authorized representatives, including parents, foster parents, and caregivers, of a CalOptima Health Member who is a current recipient of CCS services;
    - b. CalOptima Health Members eighteen (18) to twenty-one (21) years of age who are current recipients of CCS services; or
    - c. Current CalOptima Health Members over the age of twenty-one (21) who transitioned from CCS services.
  - 2. Two (2) to four (4) of the seats shall represent the interests of children receiving CCS services, including:
    - a. Community-based organizations; or
    - b. Consumer advocates.
  - 3. While two (2) of the WCM FAC's eleven (11) seats are designated for community-based organizations or consumer advocates, an additional two (2) WCM FAC candidates representing these groups may be considered for these seats in the event that there are not sufficient family representative candidates to fill the family member seats.
  - 4. Interpretive services shall be provided at committee meetings upon request from a WCM FAC Member or family member representative.
  - 5. The WCM FAC shall carry out the duties in accordance with DHCS contract requirements. Duties include, but are not limited to:
    - a. Identifying and advocating for preventive care practices to be utilized by CalOptima Health;
    - b. Involvement in developing and updating cultural and linguistic policy and procedure decisions including those related to Quality Improvement (QI), education, and operational and cultural competency issues affecting Members who speak a primary language other than English. The WCM FAC may also advise on necessary Member or Provider targeted services, programs, and trainings;
    - c. Providing and making recommendations to CalOptima Health regarding the cultural appropriateness of communications, partnerships, and services;

- d. Reviewing Population Needs Assessment (PNA) findings and maintaining a process to discuss improvement opportunities with an emphasis on Health Equity and Social Drivers of Health (SDOH); and
- e. Providing input and advice including, but not limited to, the following:
  - i. Culturally appropriate service or program design;
  - ii. Priorities for the health education and outreach program;
  - iii. Member satisfaction survey results;
  - iv. Findings of the PNA;
  - v. Plan marketing materials and campaigns;
  - vi. Communication of needs for network development and assessment;
  - vii. Community resources and information;
  - viii. Population Health Management (PHM);
  - ix. Quality;
  - x. Health delivery systems reforms to improve health outcomes;
  - xi. Carved out services;
  - xii. Coordination of care;
  - xiii. Health Equity;
  - xiv. Accessibility of services; and
  - xv. Grievance and Appeals.
- 6. CalOptima Health shall allow its WCM FAC to provide input on selecting targeted health education, cultural and linguistic, and QI strategies, provide sufficient resources for the WCM FAC to support the required WCM FAC activities outlined above, including supporting the WCM FAC in engagement strategies such as consumer listening sessions, focus groups, and/or surveys.
- 7. CalOptima Health shall provide a location for WCM FAC meetings and all necessary tools and materials to run meetings, including, but not limited to, making the meeting accessible to all participants and providing accommodations to allow all individuals to attend and participate in the meetings.
- 8. CalOptima Health shall draft written minutes of each of its meetings and the associated discussions. All minutes shall be posted on CalOptima Health's website and submitted to DHCS no later than forty-five (45) calendar days after each meeting.

9. CalOptima Health shall retain the minutes for no less than ten (10) years and provide to DHCS, upon request.
10. CalOptima Health shall support the WCM FAC members in their roles on the WCM FAC, including but not limited to providing resources to educate WCM FAC members to ensure they are able to effectively participate in WCM FAC meetings, providing transportation to WCM FAC meetings, arranging childcare as necessary, and scheduling meetings at times and in formats to ensure the highest WCM FAC member participation possible.
11. A family representative, in accordance with Section II.H.1 of this Policy, may be invited to serve on a statewide stakeholder advisory group. CalOptima Health shall reimburse eligible expenses associated with attending the statewide stakeholder advisory group quarterly meetings in accordance with CalOptima Health Policy GA.5004: Travel and Other Reimbursable Expenses.

J. Stipends

1. CalOptima Health may provide a reasonable per diem payment of up to fifty dollars (\$50) per meeting to a Member or family representative serving on the WCM FAC. CalOptima Health shall maintain a log of each payment provided to the Member or family representative, including type and value, and shall provide such log to DHCS upon request.
2. Representatives of community-based organizations and consumer advocates are not eligible for stipends.

K. The WCM FAC shall conduct a nomination process to recruit potential candidates for expiring seats, in accordance with this policy.

L. WCM FAC Vacancies

1. If a seat is vacated within two (2) months from the start of the nomination process, the vacated seat shall be filled during the annual recruitment and nomination process.
2. If a seat is vacated after the annual nomination process is complete, the WCM FAC nomination ad hoc subcommittee shall review the applicants from the recent recruitment to see if there is a viable candidate.
  - a. If there is no viable candidate among the applicants, CalOptima Health shall conduct recruitment, per Section III.B.2 of this Policy.
  - b. Every effort will be made to replace the vacant seat within sixty (60) calendar days from the date the seat is vacated.
3. A new WCM FAC member appointed to fill a mid-term vacancy shall serve the remainder of the resigning member's term, which may be less than a full two (2) year term.

M. On a bi-annual basis, WCM FAC shall select a Chair and Vice-Chair from its membership to coincide with the annual recruitment and nomination process. Candidate recruitment and selection of the Chair and Vice-Chair shall be conducted in accordance with Sections III.B-D of this policy.

1. The WCM FAC Chair and Vice-Chair may serve one (1) two (2) year term.

2. The WCM FAC Chair and/or Vice-Chair may be removed by a majority vote of CalOptima Health's Board.
- N. The WCM FAC Chair or Vice-Chair shall ask for three (3) to four (4) members from the WCM FAC to serve on a nomination ad hoc subcommittee. WCM FAC members who are being considered for reappointment cannot participate in the nomination ad hoc subcommittee.
1. The WCM FAC nomination ad hoc subcommittee shall:
    - a. Review, evaluate and select a prospective Chair, Vice-Chair and a candidate for each of the open seats, in accordance with Section III.C-D of this policy; and
    - b. Forward the prospective slate of candidate(s) to the WCM FAC for review and approval.
  2. Following approval from the WCM FAC, the recommended slate of candidate(s) shall be forwarded to CalOptima Health Board of Directors' QAC for review and approval of a recommendation to the Board.
- O. CalOptima Health Board of Directors' QAC shall recommend appointments, reappointments, and Chair and Vice-Chair appointments to the WCM FAC to the Board.
- P. Upon appointment to WCM FAC and annually thereafter, WCM FAC members shall be required to complete all mandatory annual Compliance Training by the given deadline to maintain eligibility standing on the WCM FAC.
- Q. WCM FAC members shall attend all regularly scheduled meetings unless they have an excused absence. An absence shall be considered excused if a WCM FAC member provides notification of an absence to CalOptima Health staff prior to the meeting. CalOptima Health staff shall maintain an attendance log of the WCM FAC members' attendance at WCM FAC meetings. As the attendance log is a public record, for any request from a member of the public, the WCM FAC Chair, the Vice-Chair, the Chief Executive Officer, or the CalOptima Health Board, CalOptima Health staff shall provide a copy of the attendance log to the requester. In addition, the WCM FAC Chair or Vice-Chair shall contact any committee member who has three (3) consecutive unexcused absences.
1. WCM FAC members' attendance shall be considered as a criterion upon reapplication.

### **III. PROCEDURE**

#### **A. WCM FAC meeting frequency**

1. WCM FAC shall meet at least quarterly.
2. WCM FAC shall adopt a yearly meeting schedule at the first regularly scheduled meeting in or after January of each year.
3. WCM FAC meetings shall be open to the public, in person or virtually. Meeting information shall be posted publicly on CalOptima Health's WCM FAC webpage thirty (30) calendar days prior to the meeting, and in no event later than seventy-two (72) hours prior to the meeting.
4. Members who attend the WCM FAC meeting are not bound by quorum and a majority of votes will carry a motion.

#### B. WCM FAC recruitment process

1. CalOptima Health shall begin recruitment of potential candidates in February of each year. In the recruitment of potential candidates, the ethnic and cultural diversity and special needs of children and/or families of children in CCS which are or are expected to transition to CalOptima Health's Whole-Child Model population shall be considered. Nominations and input from interest groups and agencies shall be given due consideration.
2. CalOptima Health shall recruit for potential candidates using one or more notification methods, which may include, but are not limited to, the following:
  - a. Outreach to family representatives and community advocates that represent children receiving CCS;
  - b. Placement of vacancy notices on the CalOptima Health website; and/or
  - c. Outreach to community stakeholders
3. Prospective candidates must submit a WCM Family Advisory Committee application, including resume and signed consent forms. Candidates shall be notified at the time of recruitment regarding the deadline to submit their application to CalOptima Health.
4. During the WCM FAC meeting held before June 30 of a recruitment year for the Chair and Vice-Chair, the current Chair or Vice-Chair shall inquire of its membership whether there are interested candidates who wish to be considered as a Chair or Vice-Chair for the upcoming fiscal year. The candidates are requested to submit a letter of interest for these positions.

#### C. WCM FAC nomination evaluation process

1. The WCM FAC Chair or Vice-Chair shall request three (3) to four (4) members, who are not being considered for reappointment, to serve on the nomination's ad hoc subcommittee.
  - a. At the discretion of the nomination ad hoc subcommittee, a subject matter expert (SME), may be included on the subcommittee to provide consultation and advice.
2. Prior to WCM FAC nomination ad hoc subcommittee meeting:
  - a. Ad hoc subcommittee members shall individually evaluate and score the application for each of the prospective candidates using the applicant evaluation tool.
  - b. At the discretion of the ad hoc subcommittee, subcommittee members may contact a prospective candidate's references for additional information and background validation.
3. The ad hoc subcommittee shall convene to discuss and select a candidate for each of the expiring seats by using the findings from the applicant evaluation tool, the attendance record if relevant and the prospective candidate's references.

#### D. WCM FAC selection and approval process for WCM FAC candidates:

1. The nomination ad hoc subcommittee shall forward its recommendation for the slate of candidates to WCMFAC for review and approval. Candidates interested in the Chair and Vice-

Chair positions shall submit a letter of interest to the Staff to the Advisory Committees indicating their interest in the Chair and the Vice-Chair seats.

2. Chair and Vice-Chair candidates will be reviewed at the first WCM FAC meeting of the fiscal year and the members will vote on their candidate of choice for both positions. Candidates must have a quorum of members approving their recommendation in order to be submitted to the Board for appointment. Following WCM FAC's approval the proposed Chair, Vice-Chair shall be submitted to CalOptima Health's Board of Directors' QAC for a recommendation and then sent to the Board of Directors for approval. If the Chair is no longer able to serve on the WCM FAC, the Vice-Chair will automatically assume the Chair seat and will be recommended to the QAC who will send the recommendation to the CalOptima Health Board to finalize the appointment by the Board at an upcoming meeting and a Vice-Chair will be recruited among the members to fulfill the remaining term.
  3. The WCM FAC members' terms shall be effective upon final approval by the CalOptima Health Board.
    - a. In the case of a selected candidate filling a seat that was vacated mid-term, the new candidate shall attend the next WCM FAC meeting.
  4. WCM FAC members shall attend a new advisory committee member orientation.
- E. CalOptima Health shall complete and submit to DHCS an annual WCM FAC member demographic report by April 1 of each year.

#### **IV. ATTACHMENT(S)**

- A. Whole Child Model Family Advisory Committee Member Application
- B. Whole Child Model Family Advisory Committee Member Application Cover Letter
- C. Whole Child Model Family Advisory Committee Member Evaluation Form
- D. Whole Child Model Family Advisory Committee Community Application
- E. Whole Child Model Family Advisory Committee Community Application Cover Letter
- F. Whole Child Model Family Advisory Committee Community Evaluation Form

#### **V. REFERENCE(S)**

- A. CalOptima Health Board Resolution 17-1102-01
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Policy AA.1204: Gifts, Honoraria, and Travel Payments
- D. CalOptima Health Policy GA.5004: Travel and Other Reimbursable Expenses
- E. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-034: California Children's Services Whole Child Model Program (Supersedes APL 21-005)
- F. Department of Health Care Services (DHCS) County California Children's Services (CCS) Numbered Letter (NL): California Children's Services Program Whole Child Model (Supersedes NL 12-1223)
- G. Welfare and Institutions Code §14094.17(b)

#### **VI. REGULATORY AGENCY APPROVAL(S)**

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
09/07/2018	Department of Health Care Services (DHCS)	Approved as Submitted
07/19/2019	Department of Health Care Services (DHCS)	Approved as Submitted

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
06/27/2023	Department of Health Care Services (DHCS)	Approved as Submitted
06/27/2023	Department of Health Care Services (DHCS)	File & Use
03/07/2024	Department of Health Care Services (DHCS)	File & Use
09/05/2024	Department of Health Care Services (DHCS)	File & Use

## **VII. BOARD ACTION(S)**

<b>Date</b>	<b>Meeting</b>
11/02/2017	Regular Meeting of the CalOptima Board of Directors
06/07/2018	Regular Meeting of the CalOptima Board of Directors
05/02/2019	Regular Meeting of the CalOptima Board of Directors
08/06/2020	Regular Meeting of the CalOptima Board of Directors
12/01/2022	Regular Meeting of the CalOptima Health Board of Directors
04/06/2023	Regular Meeting of the CalOptima Health Board of Directors

## **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Title</b>	<b>Program(s)</b>
Effective	06/07/2018	AA.1271	Whole Child Model Family Advisory Committee	Medi-Cal Administrative
Revised	05/02/2019	AA.1271	Whole Child Model Family Advisory Committee	Medi-Cal Administrative
Revised	08/06/2020	AA.1271	Whole Child Model Family Advisory Committee	Medi-Cal Administrative
Revised	12/01/2022	AA.1271	Whole Child Model Family Advisory Committee	Medi-Cal Administrative
Revised	04/06/2023	AA.1271	Whole-Child Model Family Advisory Committee	Medi-Cal Administrative
Revised	10/01/2023	AA.1271	Whole-Child Model Family Advisory Committee	Medi-Cal Administrative
Revised	03/01/2024	AA.1271	Whole-Child Model Family Advisory Committee	Medi-Cal Administrative
Revised	09/01/2024	AA.1271	Whole-Child Model Family Advisory Committee	Medi-Cal Administrative
Revised	01/01/2025	AA.1271	Whole-Child Model Family Advisory Committee	Medi-Cal Administrative



## IX. GLOSSARY

Term	Definition
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
Health Equity	The reduction or elimination of Health Disparities, Health Inequities, or other disparities in health that adversely affect vulnerable populations.
Member	For purposes of this policy, an enrollee-beneficiary of the CalOptima Health Medi-Cal Program receiving California Children's Services through the Whole-Child Model program.
Member Advisory Committee (MAC)	A committee comprised of community advocates and Members, each of whom represents a constituency served by CalOptima Health, which was established by CalOptima Health to advise its Board of Directors on issues impacting Members.
Social Drivers of Health (SDOH)	The environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risk. Also known as Health Related Social Needs.
Threshold Languages	The non-English threshold and concentration standard languages in which Contractor is required to provide written translations of Member Information, as determined by DHCS.
Whole-Child Model (WCM)	An organized delivery system established for Medi-Cal eligible CCS children and youth, pursuant to California Welfare & Institutions Code (commencing with Section 14094.4), and that (i) incorporates CCS covered services into Medi-Cal managed care for CCS-eligible Members and (ii) integrates Medi-Cal managed care with specified county CCS program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.