



Local Health Authority Commission Nominee

Application for the Imperial County Public Health Department Nomination Only

Prospective Commission members are invited to submit an application and resume to the Imperial County Public Health Director before 4:00 pm on May 30, 2024. **Please note: this application is only for the Local Health Authority Commissioner seat nominated by the Imperial County Public Health Director.**

Background

The Imperial County Local Health Authority (LHA) was established on June 10, 2014, by [Ordinance 8.03](#) pursuant to California Welfare & Institutions Code Section 14087.38. The purpose of the LHA is to “advise and ensure that qualified residents of Imperial County are provided health care services pursuant to Chapter 7 (commencing with Section 14000) of Part 3 of [Division 9](#) of the Welfare and Institutions Code.” The LHA and its Commissioners are entrusted to: “1. Improve access to primary care and related specialty and ancillary services for enrolled Medi-Cal recipients; 2. Promote the long-term viability of "safety net" providers; and 3. To increase prevention, education, and early intervention services for enrolled recipients.”

Given the recent attainment of Knox-Keene licensure by the LHA, which established the Community Health Plan of Imperial Valley (CHPIV), it “shall design and operate a program or programs that:

1. Delivers primary care via a contracted provider network which significantly improves access to primary care and related specialty and ancillary services for enrolled Medi-Cal recipients;
2. Includes mechanisms for assuring that health authority financed medical care services meet appropriate quality of care standards;
3. Incorporates a plan of service delivery and implements reimbursement mechanisms which will promote the long-term viability of a locally operated Medi-Cal managed care system and participating "safety net" providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, and licensed community and rural clinics;
4. Implements a financial plan which includes the creation of a prudent reserve within three years of commencing operations and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits, and augment provider reimbursement;
5. Gives a high priority to increasing prevention, education, and early intervention services for enrolled recipients;
6. Ensures that all statutory, contractual, or other program obligations shall be the obligations solely of the health authority and shall not be the obligations of county or the state; and
7. Implements programs and procedures to ensure that a high level of member satisfaction is maintained.”

Per [Ordinance 8.03](#), the health authority shall be governed by the LHA Commission which shall consist of “thirteen (13) voting members representing the interests of the county, the public, beneficiaries, physicians, hospitals, clinics, and other non-physician healthcare providers. The Commission shall be generally representative of the diverse skills, backgrounds, interests, and demography of persons residing” in Imperial County. One of the 13 members is to be nominated by the Imperial County Public Health Director. The nominee must be a resident of Imperial County or a person practicing medicine in Imperial County **and** a “person representing the interests of Medi-Cal beneficiaries, demonstrating sensitivity and awareness of the concerns and issues encountered by Medi-Cal beneficiaries.” The selected nominee will be presented to the Imperial County Board of

Supervisors for consideration to appoint to the LHA Commission. “Members, except those members designated by virtue of holding another office, shall be appointed to three-year terms, and the initial terms shall be staggered,” as described in [Ordinance 8.03](#).

For additional details about the Imperial County Local Health Authority, please visit:

https://library.municode.com/ca/imperial_county/codes/code_of_ordinances?nodeld=TIT8HESA_CH8.03IMCOHEAU or <https://chpiv.org/about-chpiv/?commission>.

Eligibility:

The prospective nominee must be a resident of Imperial County or a person practicing medicine in Imperial County **and** a “person representing the interests of Medi-Cal beneficiaries, demonstrating sensitivity and awareness of the concerns and issues encountered by Medi-Cal beneficiaries.”

Application Period:

Complete applications will be accepted starting 8:00 am on April 30, 2024, through 4:00 pm on May 30, 2024.

Application Submission:

Applications will be accepted by mail or hand delivery only. All applications must include a resume. Mail deliveries must be postmarked by 4:00 pm on May 30, 2024.

- **Mail deliveries:**

- Imperial County Public Health Department
 - Attention: Janette Angulo, Director
 - 935 Broadway Avenue
 - El Centro, California, 92243

- **Hand deliveries:**

- Monday through Friday, 8 am – 12 pm and 1 pm – 5 pm, except holidays
 - Imperial County Public Health Department
 - Attention: Janette Angulo, Director
 - 935 Broadway Avenue
 - El Centro, California, 92243

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The information below is requested to ensure that the Local Health Authority Commission maintains the composition required by [Ordinance 8.03](#) pursuant to California Welfare & Institutions Code Section 14087.38. A resume must be included with the application.

Date of Application: _____

Personal Information:

Full Name: _____ Phone: _____
Last First M.I.

Address: _____
Street address Apt/Unit# City State Zip Code

Email: _____

Education and Training (High School or Equivalent, College and/or University):

Name of Academic Institution Type of Diploma or Degree Year Received

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Name of Academic Institution Type of Diploma or Degree Year Received

Additional Training/Certifications:

Work History

Please provide information about your current employment. Retired individuals or those presently unemployed may provide the most recent employment information. **Please attach a resume.**

Job Title: _____

Dates of employment (month/year): _____ to _____

Employer: _____

Address: _____

I declare that (Check all that apply):

- I am** a resident of Imperial County
- I** practice medicine within Imperial County
- I am** person representative of the interests of non-physician providers of Medi-Cal covered healthcare services, healthcare consumers, community representatives or community clinics.

Disclaimer and Signature

I certify that the statements made on this application, on the resume, and attachments hereto, or other supplementary materials provided by me, are full and complete statements of the facts. The Imperial County Public Health Department Director may contact any individuals/agencies, etc., documented in this application for the purpose of verifying the information provided. Additionally, I am aware that my application is subject to public disclosure. **Please sign in blue ink.**

Print Name

Signature

Date