



A Tradition of Stewardship
A Commitment to Service

RECEIVED

JUL 5 2024

NAPA COUNTY
EXECUTIVE OFFICE

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4580

Neha Hoskins
Clerk of the Board

June 13, 2024

Fern Yaffa



Napa, CA 94558

Via email:

Re: Napa/Solano Area Agency on Aging Advisory Council

Dear Fern:

You have been a valued member of the **Napa/Solano Area Agency on Aging Advisory Council** representing **Napa County**. The term of your position expires on June 30, 2024. If you wish to request reappointment for a 2-year term, please check the following box:

Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Mental Health Board for the term commencing immediately and expiring June 30, 2026.

If you have chosen to request reappointment, please check one of the two boxes below regarding your last application:

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I confirm that all the information on my last application is current.

Some of the information on my last application is no longer current or is five (5) years old or older. I will submit a new or revised application.

(To complete a new application form either contact the Napa County Executive Office or go to the following link to complete your application online:

<http://ca-napacounty.civicplus.com/1420/Committees-Commissions>

After checking the appropriate boxes, sign and date on the lines below and return this letter to the County Executive Office by mail or email no **later than Friday, June 28, 2024**.

SIGNATURE

DATE



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NAPA / SOLANO AREA AGENCY ON AGING

275 Beck Avenue, Fairfield, CA 94533



Application for Membership on Napa/Solano Area Agency on Aging Advisory Council
(Feel free to attach a resume or curriculum vitae (CV))

Federal and State laws mandate the composition of the Area Agency on Aging (AAA) Advisory Council. The application questions are designed to ensure the legal composition of the Advisory Council.

Name: FERN YAFFEA

Date of Birth: _____
Month Date Year

Please indicate which county you are applying to represent:

- Napa County Solano County

Please indicate your membership preference:

- Primary Representative Alternate Representative No Preference

Please indicate the category for which you are applying and your category affiliation (if applicable):

- Representatives of older individuals
 Representative of health care provider organizations, including providers of veterans' health care

Health care organization affiliation: _____

- Representatives of supportive services provider organizations.

Supportive Services organization affiliation: _____

- Persons with leadership experience in the private and voluntary sectors.

Leadership experience (resume or CV may be attached): _____

- Local elected officials

Elected position: _____

Term of Office: _____
Term Start Date Term End Date

- Family caregiver representative

- The general public.

Please indicate your race and ethnicity:

- White Hispanic Asian Black
 Native Hawaiian/Pacific Islander American Indian Other: _____

Residence Address: [REDACTED]

Business Address: _____

Phone Numbers: Home: _____ Business: _____

Mobile: [REDACTED] E-mail Address: [REDACTED]

Supervisorial District in which you reside: 1 2 3 4 5

The following links can be used as a reference for Supervisorial District information:

Solano County:

http://www.solanocounty.com/depts/rov/district_maps_and_lookup/districtlookup.asp

Napa County (select "My District" from the link below):

<https://www.countyofnapa.org/2116/Board-of-Supervisors>

The Advisory Council meets monthly on the first Tuesday of the month. Meetings are held from 10:00 am – 12:00 noon. Meeting locations are in Napa and Solano Counties. Members may be asked to attend quarterly meetings of the AAA Oversight Board and monthly subcommittee meetings. Please indicate any obstacles you may have with regard to meeting attendance (example: "I am not able to meet on Mondays or Wednesdays"):

Memberships in other organizations or committees or other community participation (list name and address and nature of organization/committee or community participation):

KAISER CLINIC - Volunteer (on hold right now)
Lucky Penny Community Theater - NAPA - Volunteer

Please provide a brief description of your employment and educational history (resume or CV may be attached): SEE RESUME

References (list 3):

<u>Donna Altos</u>	<u>Friend</u>	[REDACTED]
Name	Relationship	Phone Number
<u>MARY BETH WEST</u>	<u>Friend</u>	[REDACTED]
Name	Relationship	Phone Number
<u>MARIA ESCALERA</u>	<u>SUPERVISOR KAISER Vol.</u>	[REDACTED]
Name	Relationship	Phone Number

Why do you want to serve on the Advisory Council?:

I am a retired health care professional who has an avid interest in the elder population and advocating for them to improve their life.

Napa Applicants: please list all court or other public administration actions impacting your credit rating within the past 10 years: None

Applicant signature: [Signature] Date: 6/16/21

FERN YAFFA

NAPA CA. 94558

SUMMARY

Experienced in management and delivery of highest quality services within the healthcare industry. Particular expertise in, Utilization Management, Case Management and Health Plan Regulatory Services for HMO Plans.

ACCOMPLISHMENTS

- Investigate health plan member complaints and respond to the Department of Managed Health Care for a large HMO plan. High level analysis of and data collection for resolving member's issues for the maintenance of organization integrity and member satisfaction. Time sensitive requirements for responses.
- Perform medical record reviews and other related materials such as depositions, utilization review records, employment records and surveillance videos review for a group of worker comp physicians. Prepare medical chronologies for physician experts (AMEs, QMEs, Panel QMEs and AOE/COE. Have experience doing orthopedics, psychiatry, internal medicine and neurology.
- Regional Liver Transplant Case Manager for 350 patients. Involves developing close working relationships with centers of excellence. Management includes travel to transplant centers, concurrent reviews, following through the continuum of care.
- Perform utilization review for a 200-bed acute care hospital with a cardiac care center of excellence. Responsibilities include educating patients about their health plan benefits and expediting their movement through the continuum of care.
- Case management experience including implementation of NCQA and HEDIS standards for IPA, EPO and PPO lines of business.
- Developed and administrated a Medicare certified home health agency. Deficiency free Title XXII survey received in August 1997.

PROFESSIONAL EXPERIENCE

Kaiser Permanente Health Plan	Oakland, CA.	2007-2016
Kaiser Permanente Liver Transplant Case Manager	Oakland, CA	2002-2007
Kaiser Permanente Utilization Review/DCP	San Francisco, CA.	2000-2002
Pacific Health Alliance Case Manager	Burlingame, CA	1998-2000

Vencor Home Care Services
Administrator

San Francisco, CA

1994-1998

EDUCATION

College of Notre Dame
Master of Public Administration Health Services

Belmont, CA

University of San Francisco
Bachelor of Science – Nursing – Public Health Certificate

San Francisco, CA

Home Care Management Certificate

San Francisco, CA

Quality/Performance Management Certificate

San Francisco, CA

COMPUTER SKILLS

Microsoft Word, Lotus Notes, Health Connect (Epic)