Regional Community Advisory Committee (RCAC)
Member Advocate Application
Background Information

Who is L.A. Care Health Plan?

L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is a public entity and community-accountable health plan serving residents of Los Angeles County through a variety of programs including Medi-Cal, Healthy Families, L.A. Care’s Healthy Kids, and L.A. care Health Plan Medicare Advantage HMO SNP. L.A. Care Health Plan is a leader in developing new programs through innovative partnerships designed to provide health coverage to vulnerable populations and to support the safety net. With over 1,000,000 members, L.A. Care is the nation’s largest public health plan and has been awarded an Excellent Accreditation by the National Committee for Quality Assurance.

What are the Regional Community Advisory Committees (RCACs)?

In 1999, L.A. Care Health Plan’s Board of Governors established eleven (11) consumer groups across Los Angeles County to ensure that the communities served by L.A. Care Health Plan would be involved in the design and delivery of the Medi-Cal Managed Care program through Los Angeles County. These eleven (11) groups are called Regional community Advisory Committees (RCACs). The RCACS were established to comply with state laws and regulations governing L.A. Care. The organizational structure and procedures for the RCAC are subject to the Bylaws of L.A Care Health Plan. Membership in a RCAC is based on a set of criteria approved by the Board of Governors, and all RCAC members serve at the discretion of the Board and can be removed or replaced at any time.

How can you make a difference in your community?

The Regional Community Advisory Committees (RCACs) are represented by L.A. Care members, nonprofit advocates and other health care providers. During the bi-monthly meetings, RCAC members have an opportunity to provide L.A. Care staff with invaluable insight on how L.A. Care Health Plan can best meet the needs of L.A. Care members throughout Los Angeles County.

Ready to make a difference; please complete the attached application.
Regional Community Advisory Committee (RCAC)
Member Advocate Application

Region #___________  Date: ________________

Name of Organization: ____________________________________________________________

Executive Director: ____________________________ Organizations Website: ______________

Address: ____________________________________________________________ Zip Code________

Telephone # (_____) ____________ ____________ Fax # (_____ ) ______________

Please list three employees authorized to attend the Regional Community Advisory Committee (RCAC)
meetings on behalf of __________________________ (Name of Organization).

1. Name: ________________________________ Position: ________________________________
   Phone: ________________________________ Email: ________________________________

2. Name: ________________________________ Position: ________________________________
   Phone: ________________________________ Email: ________________________________

3. Name: ________________________________ Position: ________________________________
   Phone: ________________________________ Email: ________________________________

Please indicate what regions your organization services.

☐ Region 1 (Antelope Valley)  ☐ Region 2 (San Fernando Valley)  ☐ Region 3 (Pasadena, Alhambra)

☐ Region 4 (Central L.A., Hollywood)  ☐ Region 5 (Culver City, Venice)  ☐ Region 6 (Compton, Gardena)

☐ Region 7 (Huntington Park, Norwalk)  ☐ Region 8 (Wilmington, San Pedro)  ☐ Region 9 (Long Beach)

☐ Region 10 (East L.A., Highland Park)  ☐ Region 11 (Pomona, El Monte)

What are the best days and times to contact you regarding this application?

☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday ___A.M. ___P.M. Evenings____
Please answer the following questions:

- What is your Organization interest in participating in the RCACs?

- What services does your Organization offer/provide to the community?

- Who is your Organizations target population?

- Does your Organization have/had any affiliations with L.A. Care Health Plan?

- Is your Organization able to provide in-service training to L.A Care Health Plan? □ Yes □ No
  Please list topics of expertise:

Thank you for your interest in joining the Regional Community Advisory Committee; you will receive a follow up phone call to schedule a RCAC Advocate Orientation.